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LOCAL ASSOCIATION OFFICERS REPORT

20____ TO 20____ season

Name of Association _____ Number _____

Date of Association Meeting _____

MERGED:

President: _____

Email Address: _____

Mailing Address: _____

Home Phone # _____ Cell _____

Other Information _____

Association Manager: _____

Email Address: _____

Mailing Address: _____

Home Phone # _____ Cell _____

Other Information _____

Please remit to Jessica Divis, State Association Manager
10560 B Hwy 59 South, Gillette, WY 82718
associationmanager@bowlwyo.com