

WYOMING STATE USBC
www.bowlwyo.com
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 Elaine Overman, State Association Manager
 1490 Kelly Drive, Casper, WY 82609
 associationmanager@bowlwyo.com