



WYOMING STATE USBC
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Local Association DELEGATE CREDENTIAL FORM
for the 20___ Annual Delegate Meeting

This is to certify that at the membership meeting of ___
___ (Local Association), CITY ___ Zip Code ___
the following delegate was duly elected to represent the above named association at the
Annual State Delegate Meeting , to be held September 2019 in Casper, Wyoming.

Table with 5 columns: Youth Dele (Please check), NAME OF DELEGATE, TITLE, MAILING ADDRESS, PH NUMBER. Rows 1-10.

NAME of ALTERNATE DELEGATES

- 1.
2.
3.

LOCAL PRESIDENT SIGNATURE AND EMAIL ADDRESS

LOCAL ASSOCIATION MANAGER SIGNATURE AND EMAIL ADDRESS

IMPORTANT: Properly complete credential form. Send original to State Association Manager and make a copy for your delegate to bring to the annual meeting to have voting privileges.

MUST BE POST MARKED NO LATER THAN SEPTEMBER 1ST.

ELAINE OVERMAN, ASSOCIATION MANAGER
1490 KELLY DRIVE, CASPER, WY 82609 elaineverman@gmail.com