LOCAL USBC ASSOCIATION DELEGATE CREDENTIALS FORM

New York State USBC, Inc. Annual Meeting, June 10-12 2022

DoubleTree by Hilton Utica - 102 Lafayette Street, Utica, NY 13502

| This is to certify that at a membership meeting of the | | | | |
|--|------------------------------------|-------------------|--|--|
| YOUR LOCAL ASSOCIATI | ION IS ELIGIBLE TO SEND | _ ADULT DELEGATES | | |
| AND YOUTH DELI | EGATES TO THE ANNUAL MEE | TING. | | |
| A if Adult Delegate, Y if You | th Delegate, A/Y if both Adult and | Youth Delegate | | |
| 1. Name: | email: | | | |
| Street: | email: City: | St./Zip: | | |
| 2. Name: | email: | | | |
| Street: | email: City: | St./Zip: | | |
| | | | | |
| Street: | email: City: | St./Zip: | | |
| 4 Name: | email· | | | |
| Street: | email: City: | St./Zip: | | |
| 5. Name: | | | | |
| Street: | City: | St./Zip: | | |
| 6. Name: | | | | |
| Street: | City: | St./Zip: | | |
| 7. Name: | email: | | | |
| Street: | email: City: | St./Zip: | | |
| 8. Name: | email: | | | |
| Street: | City: | St./Zip: | | |
| 9. Name: | email: | | | |
| Street: | City: | St./Zip: | | |
| 10. Name: | email: | | | |
| Street: | City: | St./Zip: | | |
| 11. Name: | email: | | | |
| Street: | City: | St./Zip: | | |
| 12. Name: | email: | | | |
| Street: | City: | St./Zip: | | |

Return this form via email to nysusBcAnnualMeeting@gmail.com or via fax (845) 363-1374.

ALTERNATE DELEGATES:

Alt.A if Alternate Adult Delegate

Alt.Y if Alternate Youth Delegate

Alt. A/Y if Alternate Adult-Youth Delegate

| 1. Name: | email: | | |
|----------|--------|----------|--|
| Street: | City: | St./Zip: | |
| 2. Name: | email: | | |
| Street: | City: | St./Zip: | |
| 3. Name: | email | | |
| Street: | City: | St./Zip: | |
| 4. Name: | email | | |
| Street: | City: | St./Zip: | |
| 5. Name: | email: | | |
| Street: | City: | St./Zip: | |