

DELEGATES FORM

New York State USBC Youth Leader delegates are representative from local Youth Leader Associations that attend state meetings. Each local association will designate six (6) voting delegates and submit their names and addresses to the State Youth Leader Secretary **PRIOR** to every meeting. (Delegates must be at least 12 years of age and who have not reached their 18th birthday as of August 1st of the current bowling season.)

ASSOCIATION: _____ SECTION # _____

PLEASE PRINT

DELEGATES

1) Last Name _____ **First Name** _____

Address _____ Phone # (____) _____ - _____

City _____ Zip Code _____ Date of Birth ____/____/____

E-mail Address _____ Bowling in Tourn: team Y or N A/J Squad _____

2) Last Name _____ **First Name** _____

Address _____ Phone # (____) _____ - _____

City _____ Zip Code _____ Date of Birth ____/____/____

E-mail Address _____ Bowling in Tourn: team Y or N A/J Squad _____

3) Last Name _____ **First Name** _____

Address _____ Phone # (____) _____ - _____

City _____ Zip Code _____ Date of Birth ____/____/____

E-mail Address _____ Bowling in Tourn: team Y or N A/J Squad _____

4) Last Name _____ **First Name** _____

Address _____ Phone # (____) _____ - _____

City _____ Zip Code _____ Date of Birth ____/____/____

E-mail Address _____ Bowling in Tourn: team Y or N A/J Squad _____

5) Last Name _____ **First Name** _____

Address _____ Phone # (____) _____ - _____

City _____ Zip Code _____ Date of Birth ____/____/____

E-mail Address _____ Bowling in Tourn: team Y or N A/J Squad _____

6) Last Name _____ **First Name** _____

Address _____ Phone # (____) _____ - _____

City _____ Zip Code _____ Date of Birth ____/____/____

E-mail Address _____ Bowling in Tourn: team Y or N A/J Squad _____

LIST ALTERNATES ON THE BACK OF THIS FORM AND LOCAL OFFICERS & ADVISORS

Please Mail to: Nancy Howell, 11 Hewitt Place, Kingston, NY 12401

OR Email to: NYSYOUTHLEADERS@gmail.com

Return by April 21st, 2025

PLEASE PRINT

ALTERNATES

1) Last Name _____ **First Name** _____

Address _____ Phone # (_____) _____ - _____

City _____ Zip Code _____ Date of Birth ____/____/____

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Local Youth Leader President

Name _____ Phone # (_____) _____ - _____

Local Youth Leader Secretary

Name _____ Phone # (_____) _____ - _____

Local Youth Leader Advisor

Name _____ Phone # (_____) _____ - _____

Address _____

City _____ State _____ Zip Code _____