

Georgia State USBC Youth Association



State USBC Youth Annual Meeting Registration Form Official 2010 Delegate Credentials

Association Name:	Total Youth Membership
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1st Delegates Name:		
Address:		
City:	State:	Zip:

2nd Delegates Name:		
Address:		
City:	State:	Zip:

3rd Delegates Name:		
Address:		
City:	State:	Zip:

4th Delegates Name:		
Address:		
City:	State:	Zip:

5th Delegates Name:		
Address:		
City:	State:	Zip:

Each USBC Youth association and USBC merged association servicing youth will be entitled to a minimum of two (2) delegates. Based on its previous seasons membership, each Association with more than 500 members will be entitled to additional delegates as follows: (501 – 750) One (1) additional delegate; (751 – 1000) Two (2) additional delegates; and (1000 and over) Three (3) additional delegates. Your Delegate Credentials must be received by the state association manager at least 30 days prior to the opening of the annual meeting.

Georgia State USBC Youth Association



State USBC Youth Annual Meeting Registration Form Official 2010 Alternates Credentials

Association Name:	Number of Alternates	
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1st Alternates Name:		
Address:		
City:	State:	Zip:

2nd Alternates Name:		
Address:		
City:	State:	Zip:

3rd Alternates Name:		
Address:		
City:	State:	Zip:

The following individuals are hereby authorized to represent our Association at the Georgia State USBC Youth Annual Council of Delegates Meeting. It is understood that if a Delegate is absent at roll call, an Alternate will replace the absent delegate at that time. The selection will be based on the order of the names listed above.

Signature Assoc. Mgr:	Date	
email:	Tel #:	
Address:		
City:	State:	Zip:

Credentials must be received by the state association manager at least 30 days prior to the opening of the annual meeting.

Mail to : Association Manager – GS Youth - 7435 Mockingbird Trail - Riverdale, Ga. 30274