

FLORIDA STATE USBC WOMEN'S BOWLING ASSN., INC.

ASSOCIATION: _____
(Please type or print)

▶ DELEGATE LIST ◀	▶ ALTERNATE LIST ◀
NAME: _____	NAME: _____
USBC #: _____	USBC #: _____
ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____
NAME: _____	NAME: _____
USBC #: _____	USBC #: _____
ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____
NAME: _____	NAME: _____
USBC #: _____	USBC #: _____
ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____
NAME: _____	NAME: _____
USBC #: _____	USBC #: _____
ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____
NAME: _____	NAME: _____
USBC #: _____	USBC #: _____
ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____
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E-MAIL: _____	E-MAIL: _____
NAME: _____	NAME: _____
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ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____
NAME: _____	NAME: _____
USBC #: _____	USBC #: _____
ADDRESS: _____	ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
E-MAIL: _____	E-MAIL: _____

Elect one alternate for each delegate.
 Return original copy no later than February 1st

(Local Association President)

(Local Association Manager)

Remit to: Florida State USBC WBA, Inc.
 P. O. Box 1166
 Dade City, FL 33526-1166

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 Fax: 352-521-3229
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