

ALTERNATES ONLY

To the
MICHIGAN STATE USBC WOMENS BOWLING ASSOCIATION
ANNUAL MEETING

1. Name _____ Phone: (_____) _____
Address _____ Fax: (_____) _____
City/Zip _____ E-mail Address: _____
Alternate for: _____

2. Name _____ Phone: (_____) _____
Address _____ Fax: (_____) _____
City/Zip _____ E-mail Address: _____
Alternate for: _____

3. Name _____ Phone: (_____) _____
Address _____ Fax: (_____) _____
City/Zip _____ E-mail Address: _____
Alternate for: _____

4. Name _____ Phone: (_____) _____
Address _____ Fax: (_____) _____
City/Zip _____ E-mail Address: _____
Alternate for: _____

5. Name _____ Phone: (_____) _____
Address _____ Fax: (_____) _____
City/Zip _____ E-mail Address: _____
Alternate for: _____

6. Name _____ Phone: (_____) _____
Address _____ Fax: (_____) _____
City/Zip _____ E-mail Address: _____
Alternate for: _____

7. Name _____ Phone: (_____) _____
Address _____ Fax: (_____) _____
City/Zip _____ E-mail Address: _____
Alternate for: _____