

ALTERNATES ONLY

To the
MICHIGAN STATE USBC
ANNUAL MEETING

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

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

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

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

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

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

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