

ALTERNATES ONLY

To the MICHIGAN STATE USBC ANNUAL MEETING
Local Association _____

1. Name _____ Phone _____
Address _____ City _____ Zip _____
Email _____ Alternate for _____
Are you staying for the banquet? Yes _____ No _____
.....

2. Name _____ Phone _____
Address _____ City _____ Zip _____
Email _____ Alternate for _____
Are you staying for the banquet? Yes _____ No _____
.....

3. Name _____ Phone _____
Address _____ City _____ Zip _____
Email _____ Alternate for _____
Are you staying for the banquet? Yes _____ No _____
.....

4. Name _____ Phone _____
Address _____ City _____ Zip _____
Email _____ Alternate for _____
Are you staying for the banquet? Yes _____ No _____
.....

5. Name _____ Phone _____
Address _____ City _____ Zip _____
Email _____ Alternate for _____
Are you staying for the banquet? Yes _____ No _____
.....

6. Name _____ Phone _____
Address _____ City _____ Zip _____
Email _____ Alternate for _____
Are you staying for the banquet? Yes _____ No _____
.....

7. Name _____ Phone _____
Address _____ City _____ Zip _____
Email _____ Alternate for _____
Are you staying for the banquet? Yes _____ No _____
.....

Association Manager

Manager's Email

Please complete this form & return it to the Michigan State USBC Manager no later than **MAY 11, 2026.**
Forms received after this date cannot be honored.

Email to: manager@michiganstateusbc.com
Fax to: (616) 635-2034
Mail to: Michigan State USBC
PO Box 217 Grandville, MI 49468