



Wyoming USBC Youth Bowling Association
www.bowlwyo.com
INCUMBENT NOMINATION FORM

I am, at the present time holding the office of _____ In the Wyoming USBC Youth Association.

I have served in this office for _____ years.

I wish to submit my name for re-election to the office of:

Title of Office

I have served the State Association for ____ years and During that time I have chaired or served on the following Committees:

| | | |
|-------|------------|-------------|
| _____ | Chair ____ | Member ____ |
| _____ | Chair ____ | Member ____ |
| _____ | Chair ____ | Member ____ |
| _____ | Chair ____ | Member ____ |
| _____ | Chair ____ | Member ____ |

I have also served my local association in the following capacity: League Offices/Committees: _____

City Association Offices/Committees: _____

I do not wish to seek re-election this year _____

Date: _____

Signature: _____

Local Association Membership: _____



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