



Youth Representatives Authorization Form
Each Association is entitled to four Delegates

Association: _____ District: _____

Representatives

Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

E-Mail Address: _____

Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

E-Mail Address: _____

Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

E-Mail Address: _____

Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

E-Mail Address: _____

Authorizing Signatures

Association President

Association Manager

All Representatives must be registered at least 10 days before the date of the Annual State Youth Representative Meeting. Return this form to the Association Manager at the address below. Annual meeting date and information can be found on www.bowlpa.org/schedule_of_events.html.