



**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](http://www.bowlpa.org/schedule_of_events.html).