

MICHIGAN STATE USBC YOUTH

LOCAL ASSOCIATION ANNUAL REPORT

In an effort to maintain accurate, up to date records, please complete this form listing all officers, attach a list of your board members **and** centers that you currently service and send us 3 copies of your 09-10 season yearbook as soon as it is available, but **prior to October 15, 2010**. Please return this information to the Michigan State USBC Youth promptly after your Annual Meeting. Your cooperation is appreciated!

ASSOCIATION NAME _____

Has this Youth Association merged with the Adult Associations in your area? _____

President: Name _____ Phone (____) _____

Address: _____ City: _____ Zip: _____

Fax Number: (____) _____ E-mail address: _____

Vice Pres: Name _____ Phone (____) _____

Address: _____ City: _____ Zip: _____

Fax Number: (____) _____ E-mail address: _____

Association Manager:

Name _____ Phone (____) _____

Address: _____ City: _____ Zip: _____

Fax Number: (____) _____ E-mail address: _____

Number of Standard Memberships 09-10 season _____ Number of Basic Memberships 09-10 _____

Date of Annual Meeting: _____

Signature of Manager

Do you produce a Yearbook? _____

(If so, please remember to submit 3 copies as soon as possible,
but **no later than October 15th, 2010**)

Attachments: A list of Association Board Members _____

A list of Centers serviced by your association _____

Return to:

Michigan State USBC Youth – 3740 Sioux Ct – Grandville Mi 49418 – FAX: (616) 855-6221

THIS FORM MAY BE COMPLETED ON-LINE AT michiganstateyouthbowling.com