

9.	_____		
	FULL NAME OF DELEGATE	CTF. #	PHONE #
<hr/>			
	ADDRESS	CITY	STATE ZIP
10.	_____		
	FULL NAME OF DELEGATE	CTF. #	PHONE #
<hr/>			
	ADDRESS	CITY	STATE ZIP
11.	_____		
	FULL NAME OF DELEGATE	CTF. #	PHONE #
<hr/>			
	ADDRESS	CITY	STATE ZIP
12.	_____		
	FULL NAME OF DELEGATE	CTF. #	PHONE #
<hr/>			
	ADDRESS	CITY	STATE ZIP
13.	_____		
	FULL NAME OF DELEGATE	CTF. #	PHONE #
<hr/>			
	ADDRESS	CITY	STATE ZIP
14.	_____		
	FULL NAME OF DELEGATE	CTF. #	PHONE #
<hr/>			
	ADDRESS	CITY	STATE ZIP
15.	_____		
	FULL NAME OF DELEGATE	CTF. #	PHONE #
<hr/>			
	ADDRESS	CITY	STATE ZIP
16.	_____		
	FULL NAME OF DELEGATE	CTF. #	PHONE #
<hr/>			
	ADDRESS	CITY	STATE ZIP

IMPORTANT NOTICE:

Properly completed credential must be forwarded to Illinois State USBC and postmarked on or before December 15, 2020

Mail to: ILLINOIS STATE USBC
 402 W. HAMILTON ROAD
 BLOOMINGTON, IL 61704