



Ontario Tenpin Bowling Association

www.otba.ca

Local Association Delegate Certification

This is to certify that at a meeting of the Board of Directors / Council of Delegates of the

_____ (Local Association Name)

of _____
City/Province

Held on _____, the persons hereinafter listed were duly elected or appointed as Delegate(s) of said Local Association to the Ontario Tenpin Bowling Association Annual Meeting.

Delegate Name: _____

Address: _____

Email: _____

Delegate Name: _____

Address: _____

Email: _____

Delegate Name: _____

Address: _____

Email: _____

Dated this _____ day of _____, 20_____

President Signature

Address

Association Manager Signature

Address

Email Address

Phone

Email Address

Phone