

Circle one: **ANB** **ANS**

Camp # _____

DELEGATE ELECTION REPORT ANB – ANS GRAND CAMP

On (Date) _____ the following were elected as Delegates & Alternates to the ANB-ANS Grand Camp.

CONTACT INFORMATION MUST BE PROVIDED FOR DELEGATES & ALTERNATES

President _____	Delegate _____
Mailing address _____	Mailing address _____
City, State, Zip _____	City, State, Zip _____
Cell _____ Home _____ Work _____	Cell _____ Home _____ Work _____
e-mail address _____	e-mail address _____

(If President not attending)

Delegate _____	Delegate _____
Mailing address _____	Mailing address _____
City, State, Zip _____	City, State, Zip _____
Cell _____ Home _____ Work _____	Cell _____ Home _____ Work _____
e-mail address _____	e-mail address _____

Alternate _____	Alternate _____
Mailing address _____	Mailing address _____
City, State, Zip _____	City, State, Zip _____
Cell _____ Home _____ Work _____	Cell _____ Home _____ Work _____
e-mail address _____	e-mail address _____

Alternate _____	Alternate _____
Mailing address _____	Mailing address _____
City, State, Zip _____	City, State, Zip _____
Cell _____ Home _____ Work _____	Cell _____ Home _____ Work _____
e-mail address _____	e-mail address _____

Submitted by

Camp President _____	Camp Secretary _____
Phone _____ e-mail _____	Phone _____ e-mail _____