



2014 Gauverband Nordamerika Delegates Meeting
 2-4 May, 2014 | Newark, DE
 Enzian Volkstanzgruppe

To: Credentials Committee
 Gauverband Nordamerika, Inc.

Meeting Dates: May 2-4, 2014
 Location: Newark, DE

Verein Name: _____ City: _____

If you are a member of the **Gau-Außschuß**, please indicate your position next to your name below.

The following members are authorized to serve as Delegates:

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

The following members are authorized to serve as Alternates:

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

The following members are will serve as Observers:

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

NOTE: All Delegates, Alternates, Observers and members of the Gau-Außschuß attending the meeting are required to pay the \$70 Registration Fee levied. Fees are due at the time of registration. Tickets for meals will be distributed per the names included on this form only. Only those registered will be allowed in the meeting room. Please include the names of any additional Observers on the following page.

President: _____
Print Name

Secretary: _____
Print Name

Signature: _____

Signature: _____

In order for the Host Verein to develop a roster of attendees, please return this form no later than **March 31, 2014**.

Host Verein Chairperson: Stephanie Schulz
 29 Danvers Circle
 Newark, DE 19702
 302-453-8557 | enzianvtg@gmail.com



2014 Gauverband Nordamerika Delegates Meeting
 2-4 May, 2014 | Newark, DE
 Enzian Volkstanzgruppe

To: Credentials Committee
 Gauverband Nordamerika, Inc.

Meeting Dates: May 2-4, 2014
 Location: Newark, DE

Please include any additional Observers below:

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____

Name _____
 Address _____
 City _____ St/Prov _____
 Zip _____ Tel. _____