ARIZONA SHUFFLEBOARD ASSOCIATION
DISTRICT IV

I, _____ make the following:
Print Name

MOTION ( ) or NOTICE **OF MOTION** (**)**
(Check one)

_____

_____

_____

_____

_____

_____

_____

_____

_____

MOTION ONLY seconded by_____
Recording Secretary to insert name

DISPOSITION OF MOTION: Carried Defeated

Dated: _____