

Precinct DELEGATES to County Convention

_____ Precinct _____ Number Allocated to County

Delegates to the _____ County ~~2020~~ Convention

Name	Date of Birth	Voter ID #
Address		
City	State	Zip
Mailing Address (If Different)		
Phone	Cell	E-mail

Name	Date of Birth	Voter ID #
Address		
City	State	Zip
Mailing Address (If Different)		
Phone	Cell	E-mail

Name	Date of Birth	Voter ID #
Address		
City	State	Zip
Mailing Address (If Different)		
Phone	Cell	E-mail

Note: All Delegate slots must be filled before you fill any Alternate slots

Attest: _____
 Precinct Caucus Chairman Precinct Caucus Secretary Date

Make Additional Copies As Needed – Chairman & Secretary Sign Each page
Page ____ of ____