MEMBER CLUB/ASSOCIATE MEMBER ________________________________

Designated Delegate

Name: __________________________________________________________________________

Address: __________________________________________________________________________ City ____________________________

Postal Code: __________________________ Telephone: ________________________________

E-mail: __________________________________________________________________________

Date: ________________________________

Authorized by: ________________________________

(Signature of President/Manager/Associate Member Contact)

At each CURLSASK Annual General Meeting (AGM), Member Clubs/Associate Members are allowed to cast one vote through their accredited delegate.

Member Clubs/Associate Member may designate only one voting Delegate.

Member Clubs/Associate Members must identify their representative by completing the Voting Delegate Form below.

Voting Delegates may send the form to CURLSASK via fax/email/mail or present the form at AGM Registration.

To receive the AGM Working papers prior to the AGM via email return form to CURLSASK Office by April 10, 2017.

Voting Delegates must be registered at the AGM by 3:15 PM the day of the AGM.

Will you be attending the CURLSASK Gala Awards Evening Supper? Yes □ No □

If so, How many will be attending? ____________ Tickets $40.00

Email curling@curlsask.ca Fax (306) 780-9404
Or Mail to CURLSASK
613 Park Street
Regina, SK S4N 5N1