Girl Scouts of West Central Florida, Inc. NOTICE OF SUBSTITUTION OF DELEGATE

Service Unit Delegate or Area Delegate,

DATE:

If you cannot attend the Annual Meeting, please follow the steps below to allow an alternate to vote on your behalf. Contact and confirm the alternate is available to take your place. Then, complete this <u>fillable form here</u>.

An alternate delegate will not have the ability to vote during the annual meeting unless this delegate substitution form is completed by both parties on or before Apr. 10 at 4:00 p.m. The Alternate must bring identification for onsite signing of the form below, which will include verification that the fillable form was completed prior to the deadline

NOTICE OF SUBSTITUTION OF DELEGATE

AREA ASSOC. (A-K):		
SERVICE UNIT:		
DELEGATE NAME: (WHO CANNOT ATTEND)		
ALTERNATE NAME: (WHO WILL SUB IN)		
ALTERNATE EMAIL:		
ALTERNATE PHONE:		
purposes of voting and otherwi	the Service Unit/Area Association se representing this Service Unit/ al Florida, serve in the place of the	Area at the Annual Meeting
Delegate's Electronic Reques		nce Manager Signature
Alternate's signature:		0 0