

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

Service Unit Delegate or Area Delegate,

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 [fillable form here](#).

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. 16 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

DATE: _____

AREA ASSOC. (A-K): _____

SERVICE UNIT: _____

DELEGATE NAME:
(WHO CANNOT ATTEND) _____

ALTERNATE NAME:
(WHO WILL SUB IN) _____

ALTERNATE EMAIL: _____

ALTERNATE PHONE: _____

The duly elected Alternate for the Service Unit/Area Association named above will, for the purposes of voting and otherwise representing this Service Unit/Area at the Annual Meeting of the Girl Scouts of West Central Florida, serve in the place of the delegate named above.

Delegate's Electronic Request Form Received on: _____
Date/Governance Manager Signature

Alternate's signature: _____