



Proxy Vote Form

I, _____ (print Name)
(VOTING DELEGATE'S NAME)

SCTA REPRESENTATIVE or Member or Centre in good Standing with the South Central Triple A Hockey League, and a voting delegate in accordance with SOUTH CENTRAL TRIPLE A HOCKEY LEAGUE Bylaw # 1

Rules, hereby designate as my proxy

[NAME OF Member TO WHOM YOU ARE GIVING YOUR PROXY]

(print Name)

([PROXY'S SOUTH CENTRAL TRIPLE A HOCKEY LEAGUE MEMBER]), to cast my vote(s) at the Annual General Meeting and Election.

Proxy must be received 7 days before Meeting by Past President or Secretary

Election taking place in [CITY] Burlington, SOUTH CENTRAL TRIPLE A HOCKEY LEAGUE AGM

on [DATE OF ELECTION], _____

DATE: _____

SIGNATURE: _____

1 Proctors to oversee elections of Delegates to the SOUTH-CENTRAL TRIPLE A HOCKEY LEAGUE Board.

2 SOUTH CENTRAL TRIPLE A HOCKEY LEAGUE Presidents, SOUTH CENTRAL TRIPLE A HOCKEY LEAGUE Representatives or their proxies must be SOUTH CENTRAL TRIPLE A HOCKEY LEAGUE members in good South Central Triple A hockey League standing (paid their dues in full for the current Association year) in order to be certified to participate and vote in the election for the SOUTH CENTRAL TRIPLE A HOCKEY LEAGUE board.

Date Proxy received _____

Name of person's who received the proxy. _____
(Print Name)