

Nomination Form

Return by Friday 24th February 2012

Position: Chairperson

Nominee name*:
Nominee Address:

Nominated by*:
Address:

Position: Treasurer

Nominee name*:
Nominee Address:

Nominated by*:
Address:

Signed: _____

Date: _____

Club: (if applicable) _____

*An individual must be registered with Special Olympics Ireland as:
An Athlete, Volunteer or Family member to be a member