

**2018 Annual Regional Meeting**



**Nomination Form**

**Special Olympics Leinster Regional Committee**

**Nominations are requested for the position of Chairperson**

Nominee Name: \_\_\_\_\_

Nominee Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member (please tick) Athlete  Volunteer  Family Member

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**Nominated By:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member (please tick) Athlete  Volunteer  Family Member

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Seconded By** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member (please tick) Athlete  Volunteer  Family Member

Signed \_\_\_\_\_ Date: \_\_\_\_\_

All nominations must be completed on the Nomination Form, signed by the person making the nomination and received by the Special Olympics Leinster Regional Office, National Sports Campus, Snugborough Road, Blanchardstown, Dublin 15 by Friday March 9<sup>th</sup> 2018