

# AFFILIATE CLUB DELEGATE FORM

**Ulster Annual Regional Meeting  
Saturday 2<sup>nd</sup> March 2019**

**Affiliate Club Name:** \_\_\_\_\_

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Delegate Name 1\*\* (BLOCK CAPITALS): \_\_\_\_\_

Address (BLOCK CAPITALS): \_\_\_\_\_

\_\_\_\_\_

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Delegate Name 2\*\* (BLOCK CAPITALS): \_\_\_\_\_

Address (BLOCK CAPITALS): \_\_\_\_\_

\_\_\_\_\_

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Signed on behalf of Affiliated Club: \_\_\_\_\_

Print Name (BLOCK CAPITALS): \_\_\_\_\_

Position held (e.g. Chair): \_\_\_\_\_

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

**\* An affiliated club must be registered with Special Olympics Ireland in order to be entitled to send Delegates to the Annual Regional Meeting**

**Please return this form no later than Friday 15<sup>th</sup> February 2019 to:**

Special Olympics Ulster  
106a University Street  
Belfast  
BT7 1HP  
Or email SO.Ulster@specialolympics.ie