

Kawartha Bingo Sponsor's Association Inc.

NOMINATION FORM - BOARD OF DIRECTORS 2018/2019

Nominee's Information: *nominee requires FIVE (5) authorized signatures from five (5) different member groups*

Name: _____ Charity involved with: _____

Phone #: _____ E-Mail address: _____

1) Nominator information:

Name: _____ Charity involved with: _____

Phone #: _____ E-mail address: _____

How long have you known this individual and in what capacity? _____

What has the nominee's contribution been in support of Charitable Gaming at Delta Bingo and Gaming Centre?

2) Nominator information:

Name: _____ Charity involved with: _____

Phone #: _____ E-mail address: _____

How long have you known this individual and in what capacity? _____

What has the nominee's contribution been in support of Charitable Gaming at Delta Bingo and Gaming Centre?

3) Nominator information:

Name: _____ Charity involved with: _____

Phone #: _____ E-mail address: _____

How long have you known this individual and in what capacity? _____

What has the nominee's contribution been in support of Charitable Gaming at Delta Bingo and Gaming Centre?

4) Nominator information:

Name: _____ Charity involved with: _____

Phone #: _____ E-mail address: _____

How long have you known this individual and in what capacity? _____

What has the nominee's contribution been in support of Charitable Gaming at Delta Bingo and Gaming Centre?

5) Nominator information:

Name: _____ Charity involved with: _____

Phone #: _____ E-mail address: _____

How long have you known this individual and in what capacity? _____

What has the nominee's contribution been in support of Charitable Gaming at Delta Bingo and Gaming Centre?

THIS MUST BE RETURNED TO SUZANNE DAVIDSON NO LATER THAN

FRIDAY MAY 25TH