

PROXY BALLOT

(LIMIT OF ONE PROXY BALLOT PER DESIGNATED VOTER)

I, the undersigned, hereby acknowledge that I am a member in good standing with the Stratford Minor Hockey Association and that the person designated below has the authority to vote on my behalf at the Stratford Minor Hockey Association Annual General Meeting to be held

DAY MONTH YEAR

NAME OF THE DESIGNATED VOTER: (please print)

Address of the Designated Voter:

NAME OF THE ABSENTEE VOTER: (please print)

Address of the Absentee Voter:

Signature of the Absentee Voter:

Date:

DAY MONTH YEAR