



**SAN FRANCISCO YOUTH SOCCER (SFYS)**  
**BOARD OF DIRECTORS NOMINATION FORM – AGM 2018**

**NOMINATOR**

Name

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Member Affiliation

(Team for which are you the identified Manager, Voting Representative or Proxy Holder)  
(State "Director" if current SFYS Board Director)

Phone

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Email

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**ACKNOWLEDGEMENT**

Acknowledge each affirmation below is true. Nomination is invalid if one or each statement is false or left blank.

- I am a Member in Good Standing
- I confirm that the candidate has agreed to serve if elected.

**I nominate for the SFYS Board of Directors**

Candidate Name

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Candidate Cell #

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Candidate Email

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Nominator Signature

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Date