

San Francisco Youth Soccer (SFYS) Board of Directors Nomination Form

Nominator

Name: _____

Member Affiliation: _____

(For what team are you the identified manager, voting representative, or proxy holder or state "Director" if on SFYS Board)

Phone: _____

Email: _____

(Acknowledge each affirmation below is true. Nomination is invalid in 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, _____ Cell # _____

for the SFYS Board of Directors for the following terms:

Check

_____ From Annual General Meeting to March 1, 2017

_____ From March 1, 2017 to later of March 1, 2018 or next Annual General Meeting.

Signature

Date