

Confirmation of appointment of delegate to ANNUAL GENERAL MEETING

CLASS

Meeting Date

Venue

To be completed by the MNA/Class Association:

Name of MNA/Class Association

Name of authorised person

Position

Country

e-mail

Name of appointed person

Appointed person e-mail

Comments

Please save and send completed form to: ceri@internationalwindsurfing.com

Please bring copy to show to the Chairman of the Meeting, on request.

