



Scots All Saints College
Parents and Friends Association
SUB-COMMITTEE NOMINATION FORM - 2018

(sub-committee name)

Nomination of Candidate

I, _____ (name of proposer), being a financial member of The Scots School or All Saints College Parents and Friends Association, wish to nominate

(candidate's name)

for the position of

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | President |
| <input type="checkbox"/> | Vice President |
| <input type="checkbox"/> | Secretary |
| <input type="checkbox"/> | Treasurer |

for the Scots All Saints College Parents and Friends Association Sub-Committee identified above.

Signature of proposer: _____ **Date:** _____

Consent of Candidate

I, _____ am willing to take on this role if I am elected to this position at the Annual General Meeting of the Association.

Signature of candidate: _____ **Date:** _____

All nomination forms to be returned to school reception or emailed to sascpfa@outlook.com or delivered to the AGM by 4:00pm Saturday 27th October 2018