CANADIAN LUGE ASSOCIATION NOMINATION FORM

This form must be completed and returned to the Head Office of the CLA prior to close of business on August 6, 2014. It may be delivered personally, by mail, faxed or sent by email.

(Fax #403-202-6561; email: tfarstad@luge.ca; Mail: 323, 151 Canada Olympic Rd SW, Calgary, AB, T3B 6B7)

I, _____, being a CLA member in good standing do hereby nominate _____ for the position of _____.

Signature _____ Date _____

I, _____, do hereby accept the nomination and should I be elected accept the responsibilities that accompany the position of _____. I request my name to appear on the ballot as _____. I certify that I meet the eligibility requirements contained in the CLA Bylaws, 2014 version, Clause 4.2 and 4.3,

Signature _____ Date _____

Please provide a brief summary of the nominee's qualifications, sport related activities and special interests.

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For office use only

Nomination received by _____ Date _____