Confirmation of appointment of delegate to ANNUAL GENERAL MEETING

CLASS	CLASS
ng Date	Meeting Date
Venue	Venue
A/Class Association:	To be completed by the MNA/Class A
ociation	Name of MNA/Class Association
person	Name of authorised person
Position	Position
Country	Country
e-mail	e-mail
	Name of appointed person Appointed person e-mail
mments	Comments

Please save and send completed form to: ceri@internationalwindsurfing.com
Please bring copy to show to the Chairman of the Meeting, on request.

