**Nomination for Office Bearer to SWCA**

We the undersigned wish to Propose and Second

(Name) ………………………………………………………………

To the position of .......................................

of Scottish Wheelchair Curling Association

Proposed By :……………………………………… (WHEELCHAIR CURLING CLUB)

Seconded By :……………………………………… (WHEELCHAIR CURLING CLUB)

Date: …………………………………………………………....

Please return competed forms to the Vice Chair by 15th April 2024.

Alison Hopkins

18 Mill Park,

Dalry

KA24 5BB

or by email to: ajehopkins@hotmail.com