

**\* \* \* 2024 NOMINATION FORM \* \* \***

**Saint Barbara's Festival Committee**

*I hereby nominate ..... to be  
a Member of the Saint Barbara's Festival Committee.*

.....  
**Proposer's Name**

.....  
**Proposer's Signature**

.....  
**Secunder's Name**

.....  
**Secunder's Signature**

***I hereby agree to the above nomination.***

.....  
Signed by the **Nominee**      Date

.....  
Signed by **Chairperson**      Date

(Nominations to be received not less than 7 Days prior to the meeting,  
which is to be held on Thursday 5 December 2024).

**Note: Proxy/Postal Vote form available on request - (This must be in the hands of the Director or Secretary not later than 48 hours prior to the appointed time for the meeting.)**