

# Davidson County Youth Soccer Association



This proxy form allows for the submission of a proxy vote for official DCYSA business. By granting another person a proxy, you give them permission to cast your vote on all business for the meeting listed below.

You must complete a new sheet for every meeting that you are assigning a proxy for. This proxy is only valid for the one meeting date listed below. Per (Article 11, section b) of the DCYSA Bylaws. No proxies will be accepted for the Annual General Meeting. All voting members that wish to have their vote counted MUST attend the Annual General Meeting.

This proxy form must be scanned and emailed (secretary@dcysa.org) or delivered in person to the DCYSA Secretary at said meeting by your proxy.

**This Form Is For:**

Meeting: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby appoint \_\_\_\_\_ as my true and lawful Attorney in Fact and Proxy to vote on all business which may legally come before this meeting.

Anyone not filling out a proxy form or attending any meeting is assumed to have relinquished their voting privileges for that meeting. Please sign and date the form below to grant proxy rights to the person listed above.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This proxy expires when the above referenced meeting is adjourned.

The following should be completed by the DCYSA Secretary:

Date Received: \_\_\_\_\_

Voting Rights Verified: Yes / No

Approval Signature: \_\_\_\_\_ (DCYSA Secretary)