

**SUNSHINE COAST WATER POLO ASSOCIATION
INCORPORATED**

APPOINTMENT OF DELEGATE

Authorised Delegate's Name: _____

Affiliated Club: _____

Duly authorised person giving approval:

Name: _____

Position: _____

Signature: _____ Date: _____

Please complete the above Authorised Representative form.

**Original forms to be handed to the Secretary/President
prior to commencement of AGM**