

PROXY FORM

The undersigned hereby appoints _____ to vote, in their discretion, on all matters, which may arise at the annual meeting of members of the South Simcoe Arts Council to be held Saturday, February 17, 2018, or any adjournments thereof.

This shall be your good and sufficient authority. Dated this _____ day of _____, 2018

Print Name:

Address:

Telephone Number:

Signature:

Kindly forward your proxy form to the South Simcoe Arts Council, P.O. Box 313, Alliston, Ontario L9R 1V6 on or prior to the meeting. These Proxies may also be delivered to 41 Victoria Street East, Alliston