

DELEGATE DESIGNATION

Please use this form to designate your council's Delegate and Alternate for the 2010 Annual Business Meeting, which will begin at 12:30 PM on Wednesday, September 22 at the Louisville Seelbach Hilton Hotel

School Name:	Delegate's Mailing Address:
Delegate's Name:	
Alternate's Name:	E-Mail:
Signature of the Council Chair:	

PLEASE MAIL TO KASC, PO BOX 784, DANVILLE, KY 40423 OR FAX TO 859/238-0806

BOARD OF DIRECTORS

Please use this form to nominate people who could serve well on KASC's Board of Directors.

INFORMATION ABOUT THE NOMINEE

Nominee's Name:	Nominee's Address:
Nominee's School:	
Nominee's e-mail address:	Nominee's Phone:

ELIGIBILITY INFORMATION (PLEASE CHECK ONE)

<input type="checkbox"/> The nominee currently is associated with a school that is a member of KASC.	<input type="checkbox"/> The nominee is an associate member of KASC.
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POSITION NOMINEE SEEKS (PLEASE CIRCLE ONLY 1 POSITION)

Region 1 Parent (remaining term)	Region 1 Teacher	Region 2 Parent (remaining term)	Region 2 Principal	Region 3 Parent	Region 3 Principal (remaining term)	Region 4 Teacher	
Region 5 Principal	Region 6 Parent	Region 6 Principal (remaining term)	Region 7 Teacher	Region 8 Parent (remaining term)	Region 8 Teacher (remaining term)	Region 8 Principal	Two At Large Directors

NOMINATION STATEMENT

This statement will be used to help Delegates assess the nominees. Please feel free to use a separate sheet if you prefer, and to use up to 150 words.

IF YOU ARE NOMINATING SOMEONE OTHER THAN YOURSELF, PLEASE ADD

Your Name:	Your Phone:
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