

Power of attorney for a recognized team

We, the undersigned,

_____	, domiciled at _____	_____
Authorized candidate		Address
_____	, domiciled at _____	_____
Authorized candidate		Address
_____	, domiciled at _____	_____
Authorized candidate		Address
_____	, domiciled at _____	_____
Authorized candidate		Address
_____	, domiciled at _____	_____
Authorized candidate		Address
_____	, domiciled at _____	_____
Authorized candidate		Address
_____	, domiciled at _____	_____
Authorized candidate		Address

candidates holding valid authorization for the _____
English school boardEnglish school board and members of the _____
Name of teamrecognized team, designate _____, domiciled at
First and last name of person

Address☐ to solicit and collect contributions on our behalf
and/or☐ to incur expenses on our behalfduring the period from _____ to _____,
Year/month/day Year/month/daySigned in _____ le _____.
Municipality Year/month/day

_____	_____
Signature of authorized candidate	Signature of authorized candidate
_____	_____
Signature of authorized candidate	Signature of authorized candidate
_____	_____
Signature of authorized candidate	Signature of authorized candidate
_____	_____
Signature of authorized candidate	Signature of authorized candidate