

**CENTRAL ONTARIO DISTRICT
COMMITTEE CHAIRPERSON ENTITLEMENT REQUEST FORM**

Name _____ Position _____

As Committee Chairperson, I am requesting the Committee Chairperson Entitlement for the:
{Please check appropriate space}

1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter _____

I certify that I have fulfilled the duties for the office which I was appointed, including preparation and completion of any necessary paperwork.

Signature: _____

SIGNATURE NOT REQUIRED IF E-MAILED

The entitlement must be requested prior to September 30, 2012.

Please return the completed form to:

District Secretary/Treasurer:
Susan Lyng
19 Shieldmark Cres.
Thornhill, ON L3T 3T6

Or

susanlyng@rogers.com

For Office Use Only:

Budgeted: _____ - Issued _____ = Remaining _____

Paid by Check # _____

Approved by Governor _____