



Event: District 4 Convention – 2025			2025	i Lethbridge	Event Date:	June 20-2	1, 2025		
Please submit this form to: Hillary Derksen and Kirk Blake		d4gov	d4governor@kincanada.ca		Deadline:	June 6, 2025 11:59PM			
	Failure to correctly complete and submit your form by the deadline means that your club is unable to vote.								
				ST completely fill out this form in order to Please double check your entries before su		The form is inva	alid if not		
SECTIO	N 1: CLUB INFOR	RMATION	I						
Club Type (please ☐ Kinsmo		men	□ Kinette □ Kin □ Campus						
Club Name and District		Club of				District: 4	Zone:		
SECTION 2: ACCREDITED DELEGATE INFORMATION									
Accredited Delegate's Name:									
Accredited Delegate's Club:									
SECTIO	N 3: ALTERNATE	ACCRE	DITE	D DELEGATE(S) INFORMATION	(in order of ra	nking) (<i>Optic</i>	onal)		
Alternate Accredited Delegate #1 Name:									
Alternate Accredited Delegate #1 Club:									
Alternate Accredited Delegate #2 Name:									
Alternate Accredited Delegate #2 Club:									
Alternate Accredited Delegate #3 Name:									
Alternate Accredited Delegate #3 Club:									

If the Accredited Delegate (AD) or Alternate Accredited Delegate(s) (ADD) are not from the club being represented, please ensure that: (Please check each box to confirm each)										
The delegates listed above agree to take on the AD or AAD role for your club.										
	Your club understands that the delegates listed above may hold other club votes and may not hold									
your club vote in a show of hands vote. Your club has given voting instructions to the delegates listed above.										
SECTION 4: CLUB CERTIFICATION										
We, the undersigned (2 of the following positions – President, Vice-President, and Secretary) of the above named club, hereby certify that our club, at a regularly constituted meeting held on _has voted to appoint the people named										
above as our Accredited Delegate and Alternate Accredited Delegate(s):										
Name:	Name:									
Club Position:	Club Position:									
Signature:	Signature:									
Date:	Date:									
Please go through the checklist on page 2 before submitting your form.										
Approdited Delegate Form Chaptelist										

Accredited Delegate Form Checklist

Before submitting your Accredited Delegate Form, please check off each item in the table below to ensure that you have not missed anything.

Item to check	Check off (√) once complete
1. The form you have completed is for the correct event (see top of form to double check)	
2. Your Club type, name, and District are on the form in Section 1	
3. Your Accredited Delegate's name and the name of their club is on the form in Section 2	
4. If you listed Alternate Accredited Delegate(s), their name(s) and Club name(s) are on the form in Section 3 (Optional)	
5. All of your delegates have agreed to take on the AD or ADD role for your club	
6. Your club understands that the delegates listed above may hold other club votes and may not hold your club vote in a show of hands vote	
7. Your club has given voting instructions to the delegates	

8. In Section 4, the date of the meeting where your club voted for your Accredited Delegate has been added	
9. The form has been signed and dated by two of the following members from your club: Club President, Club Vice President, Club Secretary	
10. The text or handwriting on the form is legible throughout	

Note: **This checklist does not need to be submitted to anyone**; it is simply a resource for you to use to help you double check your Accredited Delegate Form before you submit it to the person listed on the top of the form.