

# MILTON KEYNES CITY ORCHESTRA

## NOMINATION FORM

We would like to nominate.....

Name \_\_\_\_\_

We have established that this person is willing to stand and has read and understood the accompanying literature explaining the roles and responsibilities of Directors.

Signatures of five patrons nominating

Signature \_\_\_\_\_

Name \_\_\_\_\_  
Please print your name

Signature \_\_\_\_\_

Name \_\_\_\_\_  
Please print your name

Signature \_\_\_\_\_

Name \_\_\_\_\_  
Please print your name

Signature \_\_\_\_\_

Name \_\_\_\_\_  
Please print your name

Signature \_\_\_\_\_

Name \_\_\_\_\_  
Please print your name

Signature \_\_\_\_\_  
Of Nominee

Name \_\_\_\_\_  
Please print your name

Date \_\_\_\_\_

**This form must be received by  
Wednesday 6<sup>th</sup> February 2008**

Please post or fax this form to Donald Edwards at:

Milton Keynes City Orchestra  
3, Theatre Walk, Central Milton Keynes, MK9 3PX  
Fax number 01908 558312

**Thank you**