

Nomination Form

The Jersey Battle of Flowers (Events) Ltd

Position	Nominee	Nominee Signature
Chairman		
Vice Chairman		

Proposed by.....Membership No.....
Signature

Print Name.....

Seconded by.....Membership No.....
Signature

Print Name.....

Dated.....

**Return forms to: Jersey Battle of Flowers (Events) Ltd, La Rue du Pres
Sorsoleil, St. Lawrence, JE3 1EE**