**F5**

 **DELEGATE AGENCY CLASSROOM ELECTION SUMMARY FORM**

**DELEGATE AGENCY -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NAME OF CLASSROOM** | **SITE ADDRESS** | **# CHILD ENROLLED** | **CHAIR PERSON** | **VICE-CHAIRPERSON** | **SECRETARY/TREASURER** | **ALTERNATE(S)** | **DATE ELECTED** | **MONITORED BY** |
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| Family Coordinator Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Director's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
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|  |  |  |  | **SUBMIT THIS FORM TO THE GRANTEE BY** October 13, 2017 |  |

Revised August 8 2017