

**2017 SEASONAL CAMPSITE SELECTION MEETING
DESIGNATION OF AUTHORIZED REPRESENTATIVE
CRAWLING VALLEY CAMPGROUND**

To: Crawling Valley Recreation Society

I, _____
(Name of Seasonal campsite applicant)

of _____
(Seasonal campsite applicant's address)

Hereby authorize _____
(Name of authorized representative)

Of _____
(Authorized representative's address)

To be my authorized representative for purposes of attending and acting in my place at the
Crawling Valley seasonal campsite selection meeting to be held at _____
On _____

I agree to be bound by any selection, action or decision made by my authorized representative at the
above-mentioned campsite selection meeting.

(Signature of witness)

(Signature of campsite applicant)

(Date)