

**SUBSTITUTE DELEGATE REGISTRATION FORM
For Diocesan Convention, November 4, 2017**

This form is to be used to register substitute delegates. If you know your regular delegate(s) cannot attend the Convention, return this **signed form** to the Convention Office by October 30 - email: lsimons@diomass.org; fax number: 617-482-8431. Or your substitute can bring this **signed form** to Convention check-in on November 4.



Delegate 1:

Substitute delegate's name: _____

Address: _____

Email/Phone: _____

Parish/Mission Name and City: _____

Name of delegate being replaced: _____

Check one:

_____ This is a permanent replacement.

_____ This is for November 2017 Convention only.

Delegate 2:

Substitute delegate's name: _____

Address: _____

Email/Phone: _____

Parish/Mission Name and City: _____

Name of delegate being replaced: _____

Check one:

_____ This is a permanent replacement.

_____ This is for November 2017 Convention only.

Signed by: _____

Title: _____

*Note: This form must be signed by a **warden or clerk of the vestry** and received in the Convention Office no later than October 30, 2017, or brought (signed) to Convention.*