Florida Family Child Care Home Association

Area Representative Proxy Request

Date: _____

_____

Area Rep Name

of Area # _____, that serves County(ies) _____

_____

is not able to attend the FFCCHA meeting on _____

due to the following reason: _____

_____.

Area Rep #_____ has selected and has given permission for a member from the

same area: _____

Proxy Name

to serve as proxy and vote as an Area Representative on _____.

This proxy is for the above date only.

Sincerely,

_____ _____

Area #____Representative Date

FFCCHA Area Rep Coordinator Only:

Approved: _____ _____

Date Area Rep Coordinator Signature