

**APPENDIX D**  
**ERIE COUNTY INTERSCHOLASTIC CONFERENCE**  
**ATHLETIC COUNCIL**  
**MEMBER VOTING ALTERNATE**

HIGH SCHOOL \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ZIP CODE \_\_\_\_\_

The following persons have been designated representative (s) from our school to vote on ECIC Athletic Council issues during the \_\_\_\_\_ school year.

Representative \_\_\_\_\_

Alternate \_\_\_\_\_

In order for the above representative to have authorization to vote on school matters, it is essential that all three signatures indicated below are affixed to this form.

Athletic Director \_\_\_\_\_

Principal \_\_\_\_\_

Superintendent \_\_\_\_\_

Special Note: This form is to be forwarded to the ECIC Office annually before **September 1<sup>st</sup>**.