

Proxy voting form

Competitor name: _____

License Number: _____

Votes

1.	Votes exercised	YES	NO
2.	Quorum for voting and email ballots	YES	NO
3.	Seat belt mounting	YES	NO
4.	Protective clothing	YES	NO
5.	Exhaust systems	YES	NO
6.	Series placings	YES	NO
7.	Pandemic	YES	NO
8.	Graded sections	YES	NO
9.	Stewards	YES	NO
10.	Scoring	YES	NO
11.	Scoring issues	YES	NO
12.	Scrutineering	YES	NO
13.	Ground sheet	YES	NO
14.	Affiliation	YES	NO
15.	Driver Experience	YES	NO
16.	Affiliation 2	YES	NO
17.	Affiliation 3	YES	NO
18.	Top 3	YES	NO
19.	Non graded sections	YES	NO
20.	Non graded sections 2	YES	NO
21.	Protests	YES	NO
22.	Ropes	YES	NO

Signed: _____

Date: _____

This form must be sent to secretary@nz4x4trials no later than 12pm (1200) on 14/04/2023