

Proxy Sheet

PLEASE FILL OUT THE Highlighted Areas

To: EIU RHA President

From: _____
ADDRESS: _____
TEL.: _____
email: _____
Date: _____

I, (NAME) _____,
from (HALL NAME) _____ Hall Council will not be at
Residence Hall Association on the (DATE) _____ meeting because of
_____. I give my voting responsibilities
to my proxy (NAME) _____ of
(Room Number and Hall name) _____.

Sincerely,

RHA Representative

Proxy Name _____
Email: _____
Ph #: _____

Residence Hall Association
Eastern Illinois University
Spring 2005
tel. 217-581-5624