



CITY OF CLEWISTON, FLORIDA

Application for Community Recreation Board Appointment

Last Name:	First Name:	Middle Initial:
Home Address:		
City:	State:	Zip:
Employer:		
Occupation:		
Business Address:		
City:	State:	Zip:

Committee/Board of Interest to you:

<input type="checkbox"/>	City Recreation Board (Adult)
<input type="checkbox"/>	City Recreation Board (Junior)

What experience or special training do you have which you feel particularly fits you for the appointment to this position?

Applicant's Signature:

Date:

Please submit application to:

R. Lance Ramer
Director of Recreation
City of Clewiston, Florida
115 West Ventura Avenue
Clewiston, FL 33440

Or email to:

lance.ramer@clewiston-fl.gov