



APPEALS COMMITTEE NOMINATION

All members of the Appeals Committee must abide by the Toowoomba Hockey Association By-Laws 8.4. Nominations must be in writing and signed by a duly authorised officer of a club within the Toowoomba Hockey Association in which the nominee is a registered member.

Nomination forms must be lodged with THA Office. Incomplete forms will not be processed.

A current Blue Card is required for this position. If the nominee does not have a Blue Card, one must be obtained prior to commencing the role.

NOMINEE

I _____ wish to nominate for the Toowoomba Hockey Association Appeals Committee.
(Nominee Name)

CLUB:			
MOBILE:			
EMAIL:			
BLUE CARD:	CARD #:	EXPIRY:	
NOMINATION:	<input type="checkbox"/> DELEGATE	<input type="checkbox"/> PROXY	
SIGNED:			
DATE:			

CLUB OFFICIAL

I _____ support _____ nomination for the THA Appeals Committee.
(Club Official Name) *(Nominee Name)*

POSITION:	
MOBILE:	
EMAIL:	
SIGNED:	
DATE:	

OFFICE USE ONLY: **APPROVED** **NOT APPROVED**

Position	Signature	Meeting Date
President		