



## **Whitehorse Netball Association Club Voting Delegate Nomination Form**

Club \_\_\_\_\_

### **Voting Delegate Details *(all fields mandatory)***

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Club Confirmation of Voting Delegate**

I confirm that the above information is true and accurate and that the above nominated person has been appointed as Voting Delegate for the above Club.

Full Name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Due Date: 8<sup>th</sup> May 2019