



Kingaroy Touch Association Nomination

Name of Nominee: _____

Nominated Position: _____

Address: _____

Mobile No: _____

Email: _____

Nominated by _____

Sign: _____

Date: _____

Seconder: _____

Sign: _____

Date: _____

I confirm as the nominee I consent for this nomination to proceed forward.

Signed: _____

Date: _____

**Please return to: kingaroytouch@hotmail.com by close of business on 28th
August 2020**

**Please note that this nomination will be invalid
unless this form has been fully completed.**