NOMINATION FORM

**ROHE DELEGATE NOMINATION FORM**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Nominating Rohe: |  |
| Signed: |  |

|  |  |
| --- | --- |
| Nominee Signature: |  |
| Date: |  |

(Please use a separate form for each nomination)

Email: [secretary@hockey.maori.nz](file:///C%3A%5CUsers%5Ctazam%5CDocuments%5CCustom%20Office%20Templates%5Csecretary%40hockey.maori.nz)

Office Use Only

|  |  |
| --- | --- |
| DATE SUBMITTED |  |
| EXECUTIVE OFFICER SIGNATURE(For receipt of the completed form) |  |