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:\Users\tazam\Documents\Custom%20Office%20Templates\secretary@hockey.maori.nz)

Office Use Only

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