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| DERWENT STRIKERS HOCKEY CLUBAGM Nomination FormABN 26 845 827 117 |
| **Name** |  |
| **Address** |  |
| **Phone** |  |
| **Email (essential)** |  |
| **I wish to nominate for the position of:****For the Derwent Strikers Hockey Club.** |
| **Signature** |  |
| **Date** |  |
| **Nominated by** |  |
| **Seconded by**  |  |

**Please return completed Nomination Form to the club Secretary via email at: secretary.derwenthockey@gmail.com**