

OFFER FOR NOMINATION FORM

| | |
|---------------------|--|
| Name | |
| Address | |
| | |
| Club Details | |
| Mobile | |
| e-mail | |

Please Accept My Nomination For: (Tick Appropriate Box)

| | | | |
|---|---|---|--|
| <input type="checkbox"/> CHAIRMAN | <input type="checkbox"/> TREASURER | <input type="checkbox"/> SECRETARY | <input type="checkbox"/> CLUB DELEGATE |
| <input type="checkbox"/> NATIONAL TEAM MANAGER | <input type="checkbox"/> NATIONAL TEAM COACHES | <input type="checkbox"/> NATIONAL TEAM SELECTION PANEL | <input type="checkbox"/> CHIEF REFEREE |
| <input type="checkbox"/> MEDIA OFFICER | <input type="checkbox"/> IT OFFICER | <input type="checkbox"/> OTHER (PLEASE SPECIFY) | |

See hereunder a brief description of my experience and suitability for the nominated role:

| | | |
|---|------------------------------|-----------------------------|
| | | |
| | | |
| I confirm that I am a current member of the UWRA. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I confirm that I have read and agree to all the requirements and conditions for the role as per UWRA Selection Criteria. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Name (Print)

Signed

Dated