

Poverty Bay Committee Member Nomination Form 2020

Full Name:

Address:

Email:

Phone : Hm/work or mobile (best contact number)

Committee Member

Why do you want to join the PBHA?

What experience have you had as a committee member (in any sport or organisation):

What experience do you have with hockey in particular (playing, volunteering, coaching, managing, umpiring)?

Other relevant experience/qualifications:

What strengths would you bring to the PBHA?

How will you contribute to PBHA?

Nominee

Signed: Date:

Nomination supported by:

Nominator One Name and Club/Position:

Signed: Date:

Nominator Two Name and Club/Position:

Signed: Date:

Please return to: **PB Hockey Association PO Box 386 Gisborne 4040**

or scan and email your completed form to secretary@pbhockey.co.nz