



SYDNEY NORTH WEST ZONE 10 BOWLING ASSOCIATION INC.

ABN 14 767 183 850
P.O. Box 506 Drummoyne NSW 1470
Email: zone 10@zone 10.org.au

NOMINATION FOR ZONE 10 COACHES COMMITTEE (5) (as per clause 20.1)

Each nominee must hold a current accredited Coaching Certificate.
Each nomination must include a resume of experience.

Nominations close with the Zone Secretary 5pm Friday 24th June 2011
at the above address

We hereby nominate

NAME:	Reg No:
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PROPOSED BY

Print Name:

Who is a full member of

<i>Bowling Club</i>

Signed by the Proposer

Signature:

SECONDED BY

Print Name:

Who is a full member of

<i>Bowling Club</i>

Signed by the Seconder

Signature:

CONSENT OF NOMINEE

I consent to this nomination

Signature:

I am a full member of

<i>Bowling Club</i>

Additional Details

Address	Postcode:	Phone:
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