Management Committee Nomination Form

Townsville Castle Hill Touch Association Inc.
trading as
Townsville Touch Football
The Secretary
P.O. Box 7576, GARBUTT Qld 4814.
Email: jan@townsvilletouch.com

We the undersigned, hereby propose _____
(Name of Candidate)

who is a finanical member of _____
(Name of Club or Team if applicable)

For the position of: *(Please click the relevant box below)*

- ☐ President
- ☐ Vice President 1
- ☐ Vice President 2
- ☐ Finance Director
- ☐ Technical Director
- ☐ Other _____ (List Position)

at the Annual General Meeting of the Townsville Castle Hill Touch Association Incorporated to be held on Tuesday, 28 October 2025 (Date of Meeting) at TCHTA Clubhouse, 33A Paxton Street, Townsville. (Address of Meeting)

or at any adjournment or postponement thereof.

Proposer:

Name: _____

Address: _____

Signature: _____ Date: _____

Seconder:

Name: _____

Address: _____

Signature: _____ Date: _____

Candidate's Acceptance Notice:

I, _____ (Name of Candidate) hereby accept nomination for the Management Committee position as indicated above at the Annual General Meeting of the Townsville Castle Hill Touch Association Incorporated or any adjournment or postponement thereof.

Signature of Candidate: _____ Date: _____

NOMINATIONS FOR MANAGEMENT COMMITTEE POSITIONS MUST BE RECEIVED BY THE SECRETARY AT LEAST SEVEN (7) DAYS PRIOR TO THE ANNUAL GENERAL MEETING.

For Office Use Only:

Date nomination received: / /