Proxy Voting 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

I, _____ being a member of the Association, and eligible to vote
(Name of registered voter)

hereby appoint _____ of _____
(Name of Proxy) (Address of Proxy)

or failing him/her, the Chairperson of the under-indicated meeting as my proxy to attend and exercise a vote on my behalf at the: *(Please click on the relevant box below)*

- ☐ Annual General Meeting
- ☐ General Committee Meeting
- ☐ Management Committee Meeting
- ☐ Special General Committee Meeting
- ☐ Special Management Committee Meeting

of the Townsville Castle Hill Touch Association Incorporated which shall be held on the following date:

Tuesday, 28 October 2025 at the TCHTA Clubhouse, 33A Paxton Street, North Ward, Townsville
(Date of Meeting) (Address of Meeting)

or any adjournment or postponement thereof.

The Proxy to be used: *(Please click on relevant box below)*

- ☐ In favour of the motion or resolution

_____
(motion if applicable)

- ☐ Against the motion or resolution

_____
(motion if applicable)

- ☐ Proxy to vote as he/she thinks fit
- ☐ Chairperson to vote as he/she thinks fit

Signed _____ this _____ day of _____
(Signature of Registered Voter) (Day's Date of Week) (Month /Year)

PROXY FORM MUST BE RECEIVED BY THE SECRETARY PRIOR TO THE COMMENCEMENT OF THE ORIGINAL MEETING TO WHICH THE PROXY APPLIES.

For Office Use Only:

Date Proxy Voting Form received: / /