

# ROCKHAMPTON HOCKEY ASSOCIATION REPRESENTATIVE OFFICIAL NOMINATION FORM



Name:		
Contact No:		
Email:		
Position:	Coach <input type="checkbox"/> Manager <input type="checkbox"/> Selector <input type="checkbox"/> Umpire <input type="checkbox"/> Tech Official <input type="checkbox"/>	
Team:		
Qualifications:		
Experience:		
<b>NOTE: PLEASE ATTACH A COPY OF YOUR CURRENT BLUECARD &amp; SIGNED CODE OF CONDUCT. APPLICATIONS WITHOUT A CURRENT BLUECARD WILL NOT BE CONSIDERED. PLEASE EMAIL ALL DOCUMENTATION TO <a href="mailto:secretary@rockhamptonhockey.org">secretary@rockhamptonhockey.org</a></b>		
Declaration: I have read and understand the Rockhampton Hockey Association Guidelines and Code of Conduct for the position for which I am nominating and commit to abide by all the policies and procedures which may apply.		
Name:	Signature:	Date: