

 Board of Management

 Nomination Form - 2024

Nominations are being called for the Board of Management for Little Athletics Tasmania. Please complete the Board of Management Nomination Form and return to the LATas office office@taslittleathletics.com.au by **5pm** **Friday 17th May 2024.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Nominee …………………………………………………………………………………

Address …………………………………………………………………………………

Email …………………………………………………………………………………

Centre Affiliation …………………………………………………………………………………

*(if applicable)*

Signature of Nominee …………………………………………………………………………………

Date ………….. / ………….. / …………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness …………………………………………………………………………………..

Address of Witness …………………………………………………………………………………..

 Post Code: ……………. Telephone: ……………………………………...

Signature of Witness …………………………………………………………………………………..

Date ………….. / ………….. / …………..

Please return this form to the LATas Office:

office@taslittleathletics.com.au

**Forms must be returned by Friday 17th May 2024**

Updated March 2024

Information Concerning Applicant:

Please return this form to the LATas Office:

office@taslittleathletics.com.au

**Forms must be returned by Friday 17th May 2024**

Updated March 2024