



**NOMINATION FOR SELECTION COMMITTEES  
- UNDER 11, 13 & 15 -**

We \_\_\_\_\_ of \_\_\_\_\_  
(Proposer's Name) (Name of Club)

and \_\_\_\_\_ of \_\_\_\_\_  
(Seconder's Name) (Name of Club)

hereby nominate \_\_\_\_\_ of \_\_\_\_\_  
(Nominee's Name) (Name of Club)

for the position of Selector for Under \_\_\_\_\_ Grade of the Brisbane Hockey  
Association for the year 2010.

Nominees must undertake to fulfil all obligations inherent in these positions, including attendance at all relevant Coulter Shield games and trials. A nomination will be taken as agreement to these conditions.

**Preference will be given to nominees who do not have sons in that age group.**

**Signed**

Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

Seconder: \_\_\_\_\_ Date: \_\_\_\_\_

Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Three (3) members required for each of these Committees, for Under 11, Under 13 and Under 15 Grades.

All Members currently holding these offices are eligible for re-election, if available.

This form is to be completed with the information on the following page and returned to arrive at the BHA Junior Committee's postal address by **Friday 6th November 2009**.

June Grant  
Hon. Secretary  
BHA Junior Committee

LOCATION ADDRESS State Hockey Centre 400 – 420 Lytton Road COLMSLIE Q 4170	JNR CMTE MAILING ADDRESS 29 Bundara Street MORNINGSIDE Q 4170	TELEPHONE +61 7 3399 4167 EMAIL bjhasecretary@bha.org.au	FACSIMILE +61 7 3901 5048 WEB www.bha.org.au
---	---	---	---



# Brisbane Hockey Association Inc

ABN 43 857 681 225

**JUNIOR  
SELECTOR**

## Junior Committee

Please provide the following information and return with the completed nomination form (above) to the **Hon Secretary, BHA Junior Committee, 29 Bundara Street MORNINGSIDE Q 4170** by **Friday 27<sup>th</sup> November 2009**.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Suitability Card No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_  
(For Child Related Employment issued by the Commission for Children & Young People)

**Email Address:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

### 1. Playing Experience:

(Enter your details in the area below)

### 2. Coaching Experience:

(Enter your details in the area below)

### 3. Accreditation Level:

(Enter your details in the area below)

**Signed:** \_\_\_\_\_  
(Nominee)

LOCATION ADDRESS  
State Hockey Centre  
400 – 420 Lytton Road  
COLMSLIE Q 4170

JNR CMTE MAILING ADDRESS  
29 Bundara Street  
MORNINGSIDE Q 4170

TELEPHONE +61 7 3399 4167  
EMAIL bjhasecretary@bha.org.au  
FACSIMILE +61 7 3901 5048  
WEB www.bha.org.au