



# HUNTER WESTERN HORNETS TOUCH FOOTBALL

## APPLICATION FOR NOMINATED DELEGATE

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**DATE:** ..... / September / 2018

**TO:** Assistant Regional Director – Hunter Western Hornets Touch Association

**FROM:** ..... - Secretary - ..... Touch Assoc.

**SUBJECT:** Application for Nominated Delegate

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On behalf of our Association we wish to nominate the following person to represent us at the Hunter Western Hornets Touch Association General Committee Meeting.

Name: .....

Position: .....

We confirm the above named meets the requirements of the NSWTA and Hunter Western Hornets Touch Association Constitution.

X

\_\_\_\_\_  
Affiliate President

