

HUNTER WESTERN HORNETS TOUCH FOOTBALL

EXPRESSION OF INTEREST REGIONAL MANAGEMENT COMMITTEE

DATE:	/ /		
TO:	Assistant Regional Director – Hunter Western Hornets Touch Association		
FROM:	of	Touch Assoc.	
SUBJECT:	Expression of Interest (Volunteer Position	n)	
Position sort		Manulau Buata di au Tufa washing Office	
	Director of Referees	Member Protection Information Officer	
Regional	Director of Coaching	Media & Communications Manager	
Regional Director of Selectors		Tour Leader	
Junior Director		Merchandise & Uniform Coordinator	
High Perf	formance Director	Tournament Director	
Players Representative		Tournament Associate	
Hearings & Grievance Officer			
-			
Personal Details [all fields required]			
Full Name			
Home Affiliate	e		
Physical Addre	ress		
Suburb	Posto	code	
Phone (H)	Phon	e (M)	
Email			
Working With Check Numbe		В.	



ABN: 92 594 826 967 admin@hornetstouch.com.au



Statement of claim for role sort:		
Meet the crite	eria for the position description (refer here)	
	I meet the requirements of the NSWTA and Hunter Western Hornets Touch onstitution, and that all information above (and/or attached) are true and accurate.	
Signature:		
Name:		
Date:		



