High Performance Manager

Squash New Zealand

PO Box 44039

Point Chevalier

AUCKLAND 1246

Email: shelley@squashnz.co.nz

Fax: 09-815 0971

## NOMINATION FOR SELECTORS

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Name of District

Being a Member District of Squash New Zealand, hereby nominates the following Member as a Squash New Zealand Temporary South Island Junior Selector

|  |  |  |
| --- | --- | --- |
|  | **Temporary South Island Junior Selector** |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name in Full: |  |  |  |
|  | Address: |  |  |  |
|  |  |  |  |  |
|  | Telephone: |  |  |  |
|  |  |  Home Work |  |  |
|  | Member of: |  |  |  |
|  |  | *Name of Affiliated Member Club* |  |  |
|  |  |  |  |  |
| Signed: |  |  |  |
|  |  | District President or Secretary |  |  |
| I accept this nomination: |  |  |  |
|  |  |  |  |  |
|  |  | Signature of Nominee |  |  |

**THIS NOMINATION FORM INCLUDING A BRIEF RESUME OF THE**

**NOMINEE MUST REACH THE HIGH-PERFORMANCE MANAGER,**

#### SQUASH NEW ZEALAND BY 4PM, 9 JUNE 2017.