TJT Committee Nomination Form

The Secretary
Townsville Junior Touch.
P.O. Box 7576, GARBUTT Qld 4814
Email: operations@tjt.org.au

I, _____ am a financial member of _____
(Name of Nominee) (name of Club or Team)

and hereby nominate for the following position of the Townsville Junior Touch a subcommittee of the Townsville Castle Hill Touch Association Incorporated.

For the position of: *(Please click on the relevant box)*

- ☐ Junior's Coordinator
- ☐ Assistant Juniors' Coordinator
- ☐ TJT Secretary
- ☐ TJT Treasurer

at the Annual General Meeting of the Townsville Junior Touch subcommittee to be held on Tuesday, 28 October 2025 (Date of Meeting) at TCHTA Clubhouse, 33A Paxton Street, Townsville. (Address of Meeting)

or any adjournment or postponement thereof.

Qualifications for the Position:

Signature of Nominee: _____ Date: _____

NOMINATIONS FOR TJT COMMITTEE POSITIONS MUST BE RECEIVED BY THE SECRETARY AT LEAST SEVEN (7) DAYS PRIOR TO THE ANNUAL GENERAL MEETING.

For Office Use Only:

Date Proxy Voting Form received: ____/____/____