



OFFICIAL'S NOMINATION FORM

All Officials must be a member of and be nominated by their Affiliated Club.

The completed form can be faxed, emailed to maryanne@mnz.co.nz or posted to MNZ.

Officials will not receive warrant cards unless they are nominated by a Club.

Name of Club: _____

Name of person nominating:

Position: _____ **Signature:** _____

Name of Official:		Date of Birth:	
Type of Official (<i>tick applicable</i>):	<input type="checkbox"/> Steward	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Flag Marshal
Postal Address:		Telephone (H):	
		Telephone (W):	
		Cell Phone:	
Email Address:		Nominate:	YES NO

Name of Official:		Date of Birth:	
Type of Official (<i>tick applicable</i>):	<input type="checkbox"/> Steward	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Flag Marshal
Postal Address:		Telephone (H):	
		Telephone (W):	
		Cell Phone:	
Email Address:		Nominate:	YES NO

Name of Official:		Date of Birth:	
Type of Official (<i>tick applicable</i>):	<input type="checkbox"/> Steward	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Flag Marshal
Postal Address:		Telephone (H):	
		Telephone (W):	
		Cell Phone:	

Email Address:		Nominate:	YES	NO
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Name of Official:		Date of Birth:		
Type of Official (<i>tick applicable</i>):	<input type="checkbox"/> Steward	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Flag Marshal	
Postal Address:		Telephone (H):		
		Telephone (W):		
		Cell Phone:		
Email Address:		Nominate:	YES	NO

Name of Official:		Date of Birth:		
Type of Official (<i>tick applicable</i>):	<input type="checkbox"/> Steward	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Flag Marshal	
Postal Address:		Telephone (H):		
		Telephone (W):		
		Cell Phone:		
Email Address:		Nominate:	YES	NO

Name of Official:		Date of Birth:		
Type of Official (<i>tick applicable</i>):	<input type="checkbox"/> Steward	<input type="checkbox"/> Clerk of Course	<input type="checkbox"/> Flag Marshal	
Postal Address:		Telephone (H):		
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Email Address:		Nominate:	YES	NO