



Lacrosse WA

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COMMITTEE NOMINATION

LWA10

Date _____

CLUB

COMMITTEE

Refer to LWA Rule C5

NOMINEE:

NAME

ADDRESS

POSTCODE

HOME PHONE

WORK PHONE

HOME FAX

WORK FAX

MOBILE

EMAIL

The Club considers that this person is competent to serve on a Committee for the coming year.

Club Secretary

Please email scanned copy to executive@lacrossewa.com.au