 

**NOMINATIONS FOR THE NATIONAL COUNCIL of**

**EVENTING SOUTH AFRICA**

**Name of Nominee *(please print full names)***

|  |
| --- |
|  |

**Position for which nominated** – *please indicate with an X*

|  |  |
| --- | --- |
| 1. **NATIONAL PRESIDENT of EVENTING SOUTH AFRICA** |  |
| 1. **NATIONAL VICE-PRESIDENT of EVENTING SOUTH AFRICA** |  |
| 1. **NATIONAL TREASURER of EVENTING SOUTH AFRICA** |  |
| 1. **NATIONAL ATHLETE REPRESENTATIVE of EVENTING SOUTH AFRICA** |  |

**Notes**:

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**Proposed by: Date**

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**Seconded by: Date**

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**Nominee Date**

Signature of the individual being nominated, indicating only that he/she accepts the nomination.

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PROVINCIAL BODY PRESIDENT’S SIGNATURE: Date

ALL Nominations to be with [admin@eventingsa.co.za](mailto:Admin@eventingsa.co.za) 48 hours before the AGM.