



Warringah Amateur Swimming Association

NOMINATION FORM – 2018-19

Name of Nominee _____

Proposer _____

Secunder _____

I agree to my nomination as: _____ Signed

Date



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NOMINATION FORM – 2018-19

Name of Nominee _____

Proposer _____

Secunder _____

I agree to my nomination as: _____ Signed

Date