Form 1 – 24/7/25

# 2025 NOMINATION FORM - COMMITTEE

 CALISTHENIC ASSOCIATION SA INC.

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| PART A: Proposer to complete I ................................................................................................................................... of (name of Club President, Vice-President, Secretary, Treasurer or Principal Coach) (affiliated Club)……………………………………………………………………………………………………..... Nominate ……………………………………………………………………………………………………………….. For the position of: *(select one only)* **□ COMMITTEE MEMBER****□ VICE PRESIDENT****□ TREASURER****□ PRESIDENT**Signed …………………………………………………………………….……….. date: ………………………  |

PART B: Nominee to complete

I ......................................................................................................... (name of nominee)

accept the nomination for the position.

Signed …………………………………………………………………….……….. date: ………………………

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| PART C: Seconder to complete I ……………………………………………………… ……………….…………………………………………………  (name of Club President, Vice-President, Secretary, Treasurer or Principal Coach) of (affiliated Club)…………………………………………………………………………………………………… second the above nomination. Signed …………………………………………………………………….……….. date: ………………………  |

***Office Use only: Date/Time Received***

**This form, along with a current Working with Children Check Certificate for the nominated person, must be received by the Returning Officer , 65 Angas St., Adelaide SA 5000**

**prior to close of business (5.00pm) FRIDAY 19TH SEPTEMBER 2025.**

**If a Club is not committee run, Parts A and C must be signed by the Principal Coach.**

Form 1

## Biographical details

*Name: ……………………………………………………………………………………………………..*

*Occupation: ……………………………………………………………………………………………..*

*Club Registered Member of: ………………………………………………………………………*

*CALISTHENIC ACTIVITIES*

*COMMUNITY & PRIVATE ASSOCIATIONS*

*OTHER (250 word limit)*

Nominees must be an associate member of the Calisthenic Association of South Australia.

Please see clause 30.6, 30.7, 30.8 of the constitution to ensure nomination is done correctly.