

**DRESSAGE NZ**  
**Committee Representative Appointment Panel**  
**NOMINATION FORM 2020**

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National Committee Member/ Area Dressage Committee Secretary/Financial Member ESNZ.

hereby nominate Mr/Mrs/Ms/Miss \_\_\_\_\_

as

**Dressage Committee Appointment Panel Member (one year term effective 1 July 2020)**

for the ensuing term.

Nominations for each office must be on separate forms.

I hereby consent to the nomination:

Name: \_\_\_\_\_

Nominee to sign: \_\_\_\_\_

Proposer to sign: \_\_\_\_\_

Secunder to sign \_\_\_\_\_

Date nomination received: \_\_\_\_\_

Signature of Sport Manager: \_\_\_\_\_

The nominee's qualifications are as follows (attach a separate sheet if necessary)

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Nominations must be *received by*

**Sport Manager, Dressage NZ, RD 13, Hawera no later than 5pm Friday June 2020**

email to: [dressage@nzequestrian.org.nz](mailto:dressage@nzequestrian.org.nz)