NOTIFICATION –

Form 12

REGIONAL SUB-COMMITTEE OFFICE BEARERS

[Please return form to Secretary CAQ, within 30 days of Annual General Meeting, secretary@croquetqld.org]

Year	
Region	
Contact Telephone	
Contact Mailing Address	
Contact Email Address	

SUB-COMMITTEE MEMBERS (please print clearly)

Position	**Name**	**Telephone**	**Email**
Chair			
Secretary			