

# Award Nomination Form



## Recommendation for Service Award

Full name of nominee (please print) \_\_\_\_\_

Maiden name (if applicable) \_\_\_\_\_

Postal address \_\_\_\_\_

Nominee's club \_\_\_\_\_

Nominating regional association \_\_\_\_\_

Number of years connected with Swimming New Zealand \_\_\_\_\_

Number of years with club \_\_\_\_\_ Years as active competitor \_\_\_\_\_

### List offices held by nominee in club (include dates)

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### Has nominee belonged to any other club/s? (name of club/s and dates)

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### List offices held by nominee in other club/s (include dates)

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# Award Nomination Form



**List offices held by nominee in regional association (include dates)**

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**List official activities at swimming meets (names and dates)**

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Has the Regional Awards Committee considered this nomination?      YES      NO  
What was their recommendation? \_\_\_\_\_

**General Comment** (to include in detail any special work in education, coaching, or other activities in nominee's club or regional association, if not covered above. Please attach additional information if required).

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Date of regional association meeting to consider nomination:

Regional association chair: \_\_\_\_\_ Proposer: \_\_\_\_\_

Regional association secretary: \_\_\_\_\_ Seconder: \_\_\_\_\_