





Northern Mallee Sports Star Awards

Annual Award Nomination Form



Coach of the Year

Nominee Name:	D.O.B.: / / (Optiona
Club/Association:	
Nominee Postal Address:	
Nominee Email Address:	
Telephone Details: BH	<u>AH</u>
Nominator—Contact Person:	
Nominator Postal Address:	
Telephone Details: BH	AH
Email Address:	
Sport:	
	I information contained in this nomination is, to the best t and meets the award guidelines and criteria.
Signature of Club/Association representative	ve:
Contact Name:	
Position:	Date: / /

Supporting Inforn	Supporting Information to Nomination (please address all criteria)				
Criteria One:					
A paid or unpaid coac	h in the Northern Mallee	region?			
(please tick) □ Yes			□ Paid	□ Unpaid	
Criteria Two:					
Is a member of a registered Northern Mallee region Club/Association?					
please tick) □ Yes		□ No (ine	☐ No (ineligible)		
Name of Club/Associa	tion:				
Criteria Three:					
Accredited with the Au	stralian Coaching Coun	cil			
(please tick) □ Yes			□ No		
Membership No:					
Criteria Four:					
A good role model & communicator? How? What? Where? Other details?					
Criteria Five:					
Instrumental in helping to develop athletes to their full potential? How? What? Where? Other details?					
men and a service and a service as a service					
0.11101					
Criteria Six:					
Works to maximize the social, intellectual & physical well being of their athletes? Who? How? What? Where? Other details?					
				_	
ATTACH	SEPARATE	PAGES	IF	NECESSARY	

Nominations should be forwarded as follows:

NSA

Mallee Sports Assembly

Post: Mallee Sports Assembly

PO Box 2316 Mildura 3502

In Person: 101-101A Ninth Street Mildura

2017 Annual Award

Nominations close 5pm

Friday 12th January 2018

Phone: 03 5021 3464 Fax: 03 5021 3509

Email: info@malleesportsassembly.org.au

More Information available at: www.malleesportsassembly.org.au

PARTICIPATE - FEEL GREAT!