

2019

Merbein & District
Community Bank Branch **Bendigo Bank**



TRIPLE
97.9 
SUNRAYSIA

Northern Mallee Sports Star Awards

Annual Award Nomination Form



Athlete with a Disability

Nominee Name: _____ **D.O.B:** ____ / ____ / ____
(Optional)

Club/Association: _____

Nominee Postal Address: _____

Nominee Email Address: _____

Telephone Details: BH _____ AH _____

Nominator - Contact Person: _____

Nominator Postal Address: _____

Telephone Details: BH _____ AH _____

Email Address: _____

Sport: _____

Declaration: I hereby certify that the factual information contained in this nomination is, to the best of my knowledge, true, correct and meets the award guidelines and criteria.

Signature of Club/Association representative: _____

Contact Name: _____

Position: _____ **Date:** ____ / ____ / ____

PLEASE PROVIDE FURTHER NOMINATION DETAILS OVER PAGE

Supporting Information to Nomination (please address all criteria)

Criteria One:

Open to people with a disability in the Northern Mallee Region?

(please tick) Yes

No (ineligible)

Disability:

Criteria Two:

Is a member of a registered Northern Mallee Region Club/Association?

(please tick) Yes

No (ineligible)

Name of Club/Association:

Criteria Three:

Has shown talent and enthusiasm for their sport. How? Why? What? Other details ie results, competition level, number in competition etc?

Criteria Four:

A good role model. How? What? Other details?

Criteria Five:

Has performed well at local, state, national or international level. What? Where? Other Details?

ATTACH SEPARATE PAGES IF NECESSARY

Nominations should be forwarded as follows:



Post: **Mallee Sports Assembly
PO Box 2316
Mildura 3502**

In Person: **101-101A Ninth Street Mildura**

Phone: **03 5021 3464**

Email: **info@malleesportsassembly.org.au**

Fax: **03 5021 3509**

**2019 Annual Award
Nominations close 5pm
Friday 10th January 2020**

PARTICIPATE - FEEL GREAT!