

Community Bank Merbein & District



Northern Mallee Sports Star Awards

Annual Award Nomination Form

Alc	TORIA State Government
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Justice and Community Aboriginal Sportsperson of the Year

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:	
	ormation contained in this nomination is, to the best d meets the award guidelines and criteria.
Signature of Club/Association representative:_	
Contact Name:	
Position:	Date: / /

Supporting Information to Nomination (please address all criteria)						
Criteria One:						
Is from Aboriginal of	or Torres Strait Islander ba	ckground?				
(please tick) ☐ Ye	S		□ No (ineligible)			
Criteria Two:						
A member of a registered Northern Mallee Region Club?						
(please tick) ☐ Yes	3		□ No (ineligible)			
Name of Club/Asso	ociation:					
Criteria Three:						
Shows outstanding individual achievements in sport at local, state, or national level? List events, activities, performance/achievements? Other details ie results, competition level, number in competition etc?						
Criteria Four:						
Is a good role model for their sport? How' What? Where? Other details?						
ATTACH	CEDADATE	DACES		NECECCARY		

Nominations should be forwarded as follows:

PARTICIPATE - FEEL GREAT!