**2014 Awards Committee**

**Nomination Form**

**Service Award Vacancy**

**Awards’ Committee nominations must be received** by SNZ, P.O. Box 302145, North Harbour, Auckland 0751 for the attention of Lucinda Du Plooy, or emailed to Lucinda@swimmingnz.org.nz

**no later than 12.00pm Noon Wednesday 17 September 2014**

**Nominee information (please print clearly)**

Name

Mailing Address

Home Phone Business Phone

Fax Email

SNZ Swim Club/Region a current member of

I confirm I have attached a full resume/summary of my background which clearly demonstrates my ability and experience to perform the duties of an Awards’ Committee member

**Yes (please tick)**

**Nominee’s signature**

**Nominated by (please print clearly)**

Nominator

Nominator Phone Email

SNZ Member/Club/Organisation (Nominator)

We believe the nominee will fulfil the duties and competencies required of an Awards Committee member

**Nominator’s signature**