

## **NETBALL NORTHERN ZONE SERVICE AWARD**

## **Nomination for Service Award**

	Wednesday 31 January 2024 at	dures for Nomination for Service nd should be sent to
	Section 1: Details of Nomi	nee
Full Name of Nominee		
Other names the Nominee may have been known by		
Postal Address of Nominee (ple	ease include post code)	
Awards for service to Netball	Name of Award	Award date
Centre Awards held		
Regional Awards held		
National Awards held		
International Awards held		
	Section 2: Details of Nomin	nator
Role of Nominator		
Postal Address (Please include post code)		
Names of other Nominators / organisations providing details of service refer Section 3	Regional Entity/Centre	Contact Person
Signature:		Date:

Section 3: Record of Service to support Service Award Nomination					
If service has occurred in more than one entity (refer Section 2), submit a SEPARATE page for each.					
Name of Nominee					
Name & Role of Nominator:					
			is. Please indicate clearly, service		
that is paid work. If you are unable to verify any information, please mark with an asterisk (*).					
PLAYER					
Level		Details	Years (fromto)		
UMPIRE/PANEL					
Level		Details	Years (fromto)		
COACH/MANAGER/TEAM OFF	SICIAI				
Level	ICIAL	Details	Years (fromto)		
ADMINISTRATION		1	I 16		
Level		Details	Years (fromto)		
OTUED.					
OTHER Level		Details	Years (fromto)		
Level		Detuis	rears (fromto)		
I have marked any items that I am unable to verify with *. The reasons for this are:					
On behalf of the above entity, I verify that the above information is correct.					
Signed:	Position:				
Name:	Date:				

SECTION 4: Supporting Statement		
Name of Nominee:		
Name and Role of Nominator:		
State why you believe the above person should be considered for a Service Award. This statement should provide an assessment of the QUALITY of the contribution that has been made. Continue on a separate page if needed.		
Signed: Date:		