

# SWIMMING MANAWATU

## RECOMMENDATION FOR SERVICE AWARD

### NOMINATIONS CLOSE 20 JULY 2024

Name of Nominee \_\_\_\_\_

Postal Address \_\_\_\_\_

Club \_\_\_\_\_

Length of membership \_\_\_\_\_ years. Type of Award: Service/Honours

Please list below the actual years of membership and positions held in Club and Region. Details should include activities whether as elected officials or not.

(Where appropriate include service in other Regions/Clubs).

Is there is reason to expect the nominee will continue to serve Club and Region? \_\_\_\_\_

GENERAL COMMENTS:

Signed: Chairman \_\_\_\_\_

Secretary \_\_\_\_\_

Date \_\_\_\_\_