

NOMINATION FORM FOR

SPORTS TEAM OF THE YEAR AWARD

TEAM NOMINATED:

(Team Name).....

(Contact Name).....

(Address).....

PERSON OR ORGANISATION NOMINATING: (Two contacts must be supplied)

1).....(Phone).....

2).....(Phone).....

SUPPORTING ORGANISATIONS:

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Note: Name of organisation, contact telephone and signature of person nominating are required.

QUALIFICATIONS FOR THE AWARD

On an accompanying sheet of paper, set out the services rendered or the success achieved in the sporting field which you consider qualifies the nominee for the Award for which the team is nominated. Use one side of the paper only. Use type-writer or neat printing.

UPON COMPLETION, MAIL THE RELEVANT PAPERS TO:

**AWARDS CONVENOR
PO BOX 249,
WESTPORT**

Nominations will be received up to 31 October, 2016

CONDITIONS ARE SET OUT ON REVERSE

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GENERAL GUIDELINES

- 1 Sports Team of the Year is open to any sports team.
- 2 Performance by teams shall only be considered when they have occurred during the award period for the year ending 31 October, 2016.
- 3 Teams under consideration for awards must meet residential criteria under (a) or (b) below:
 - (a) Through residency in the Buller region for at least 12 months of the award period
 - (b) Through representing Buller in their chosen discipline during the award period
- 4 Teams with disabilities are included in all categories.