

SWIMMING MANAWATU

RECOMMENDATION FOR SERVICE AWARD

NOMINATIONS CLOSE 30 JUNE 2025

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 _____