**Nomination Form Sports Team of the Year**

The nominees agree to all nomination details being made public. Details may be used by SLSNZ and/or the club for promotional purposes. Provide as much relevant information as possible for the CURRENT SEASON only. Retrospective information cannot be considered.

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| **About you** (the person making the nomination) | |
| Your name |  |
| Your club and position |  |
| Your email address |  |
| Your phone number |  |

|  |  |
| --- | --- |
| **Nominee details** (the team you are nominating) | |
| Team name |  |
| Team members |  |
| SLSNZ membership numbers |  |
| Current club |  |
| Contact phone number |  |
| Contact email |  |

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| **Application Details** | | Detail the relevant contribution the nominee has made in the following areas. |
| *The purpose of this award is to recognise a team who have achieved outstanding results at surf lifesaving sport competitions in 2016/2017.* | | |
| Selection and achievement at international competition. |  | |
| Selection and achievement at national competitions. |  | |
| Selection and achievement at regional/local competition. |  | |

Please return all nominations to henry.lawson@surflifesaving.org.nz, by 5pm Monday 24th of April, 2017