



REG COWDEN MEMORIAL SPORTS STAR OF THE YEAR - 2009 TEAMS NOMINATION FORM

To be returned to Lithgow City Council prior to **22 JANUARY 2010**.

TEAM NAME: _____

POSTAL ADDRESS: _____

CONTACT PERSON & PHONE NUMBER
(Business Hours): _____

CATEGORY: JUNIOR / SENIOR

Signature

Date

ACHIEVEMENTS FOR THE TEAM NOMINATED:

Please include the names of all of the members of the team