





REG COWDEN MEMORIAL SPORTS STAR OF THE YEAR AWARD NOMINATION FORM

To be returned to Lithgow City Council before the 7th of the month after achievement.

NOMINEE:		
RESIDENTIAL ADDRESS:		
CONTACT PHONE NUMBER (Business Hours):		
SPORT:	D.O.B	
REPRESENTATIVE TEAM COMPETING IN:		
EVENT COMPETED IN AS PART OF SELECTION:		
MONTH OF ACHIEVEMENT:		
ACHIEVEMENTS FOR THE MONTH OF NOMINATION: (attach additional pages if necessary)		
I verify that the information provided in this nomination is true and accurate.		
Signature Na	ame	Date

For further information please refer to Reg Cowden Memorial Sports Star of the Year Awards — Criteria document