



**GOVERNMENT OF BERMUDA**  
Ministry of Social Development and Sports  
Department of Youth, Sport & Recreation

**2017 SPORTS AWARD PROGRAMME NOMINATION FORM**  
(January 1, 2017 to December 31, 2017)

Please read the nomination form carefully and provide the information requested. **Type or print clearly.** In order for the nomination to be considered, all sections of this form must be completed.

**CATEGORY:** ACHIEVEMENT AWARD

This award is presented to a competitive athlete who has excelled in national and/or international competition during the awards year.

**I nominate:** \_\_\_\_\_  
*Last name*
*First name*
*Middle initial*

as my selection for the **Achievement Award** in the sport of: \_\_\_\_\_  
*Sport*

**Nominee's specific achievements: (national or international)**

A.	_____	_____
	<i>Championship/Competition Entered</i>	<i>National/International Competition</i>
	_____	_____
	<i>Date Held</i>	<i>Location</i>
	_____	_____
	<i>Final Placement</i>	
B.	_____	_____
	<i>Championship/Competition Entered</i>	<i>National/International Competition</i>
	_____	_____
	<i>Date Held</i>	<i>Location</i>
	_____	_____
	<i>Final Placement</i>	
C.	_____	_____
	<i>Championship/Competition Entered</i>	<i>National/International Competition</i>
	_____	_____
	<i>Date Held</i>	<i>Location</i>
	_____	_____
	<i>Final Placement</i>	

*(Please provide additional information that will assist the selection committee in choosing this nominee: additional performance achievements (including dates, level of competition and location), a more detailed performance summary, any records set, rankings secured, personal bests achieved and any additional details you can provide about the nominee as a person. If your nominee is shortlisted you will be contacted for additional information.)*

**I/WE** submit the above nominee for consideration in the Government Sports Award Programme. Should you require any additional information you may contact me at the following address (Please complete either section I or II.):

I. Nominator Information:	II. Organization/NSGB Information:
Name: _____	Organization Name: _____
Telephone Business: _____	Representative's Name: _____
Personal: _____	Telephone: Business: _____
Email Address: _____	Personal: _____
Nominator's Signature: _____	Email Address: _____
	Representative's Signature: _____

**SUBMIT COMPLETED APPLICATION FORM TO:** Department of Youth, Sport and Recreation c/o Ms. Erica Woods,  
Craig Appin House, 8 Wesley Street, Hamilton, HM11 or by email [elwoods@gov.bm](mailto:elwoods@gov.bm)

**ENTRY DEADLINE: January 5<sup>th</sup>, 2018**

Additional forms/categories are available at local sports stores. Contact 295-0855 for details.