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:	FEMALE ATHLETE OF THE YEAR

This award is presented to the female athlete who has excelled in competitions. She should have advanced at least to the final grouping (round) or a position deemed equivalent in a recognized international/world competition, or first in a national competition. The athlete must have demonstrated an obvious programme of maintained excellence and conduct that embody the ideals of the sport.

I nominate: _____ _____ _____
Last name *First name* *Middle initial*

as my selection for the **Female Athlete of the Year Award** in: _____
Sport

Nominee's specific achievements: (national or international)

A. _____ _____
Championship/Competition Entered *National/International Competition*

_____ _____ _____
Date Held *Location* *Final Placement*

B. _____ _____
Championship/Competition Entered *National/International Competition*

_____ _____ _____
Date Held *Location* *Final Placement*

(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

ENTRY DEADLINE: January 5th, 2018

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