



Trevor Richards Award

NOMINATION FORM

Nominee Details (please complete a separate form for each nomination)

Name: _____

Position Held (if applicable) _____

Email: _____ Phone: _____

Nominator Details

Individual submitting this nomination: _____

Email: _____ Phone: _____

CRITERIA

Please provide an outline on why this individual should be awarded the Trevor Richards Award. Please ensure you list examples of achievements, initiatives, dedications etc.

- Describe how the individual has contributed to the growth of Touch Football in the ACT.
- Relevant qualifications/experience.
- Personal development (describe how the nominee has strived to develop skills during their time volunteering).
- Provide any other details you think are relevant to support your nomination.



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DECLARATION

I understand and agree that Touch Football ACT may use information in this nomination form for promotional purposes and I certify that to the best of my knowledge, the information provided is true and correct.

I declare that any decision TFACT make regarding award recipients is final.

Name: _____

Signature: _____

Date: _____

Nominations for the Trevor Richards Award close at 4pm on Friday 15th November 2024 and must be submitted to Gabe Hodges, gabe.hodges@touchfootball.com.au

