

2024

10 YEAR MERIT AWARD NOMINATION FORM

NOMINEE DETAILS

First Name:	Last Name:	
Years of Service:	Swans Membership Number:	
Position(s)/ Role(s) held at the cl	ub:	
Reasons for Nominating the abov		
(Please provide a brief overview o	on what makes them receive this award)	
ominator's Details:		
lame:	Position:	
hone Number:	E-Mail:	
•		
Please submit your nominat	tions before COB Friday, 30th August 2024 to CEO, Jeff Dennis at	
•	jeff@swandistrictsfc.com .	