



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.

NAME: _____

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 Name Date

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