## **KIAMA NETBALL ASSOCIATION INC**

## **NOMINATION FORM**

## **LEE ELLEM MEMORIAL CANTEEN SERVICE AWARD**

1.	Name	Club:	
2.	Contributions to Club and Association:		
3.	Club Recommendation:		
Club E	xecutive Name:		
Signat	ure:	Date:	
<u>Nomin</u>	nations MUST be on this designated form and f	orwarded to:	
Kiama P O Bo			
Kiama	NSW 2533		

Closing Date: Saturday 5pm of Semi Finals of KNA season 18th August 2018

Rhonda Beedles

President

On behalf of the Kiama Netball Association Awards Committee

Email: kiamanetballassociation@outlook.com