Australian Underwater Federation Inc.



APPLICATION FORM Sportsman of the Year Award

Full Name	9: (print)		
	(Surname)	Given Names	
Male: π	Female: π		
AUF Mem	bership No	Date of Birth:.	
Address:	(No. & Street)		
Suburb:		State:	Post Code:
Phone: (.)	Mobile:	
Fax:: ()	email:	
Sporting	Club and/or Commission and	/or State Branch:	
Nominati	on endorsed by:		
Official 1:			
Position:			
Official 2:			
Position:			
Endorser	nent:		
Position:			

PERPETUAL AWARDS

Attach information for supporting the nomination, to this form.

Requirements and Process

Information in respect to criteria and guidelines for nominations for these Awards can be found in the "Docs" area of the AUF website: www.auf.com.au