

CARNDUFF MINOR SPORTS NOMINATION FORM

Name of Nominee: _____

Position: _____

Address: _____

Tel No: _____

Email: _____

Nominated by: _____

Tel No: _____

Email: _____

Seconded by: _____

Tel No: _____

Email: _____

I confirm I have gained the nominee's consent for their name and details to go forward.

Signed: _____

Date: _____

**Please return to: carnduffminorsports@gmail.com by
September 21, 2020 at 11:59pm**

**Please note that this nomination will be invalid
unless this form has been fully completed.**