



Athlete Member Nomination Form

This completed form and any attachments must be sent to:

Bowls New Zealand
PO Box 62 502
Greenlane
Auckland 1546

Or email Martin Mackenzie at: martin@bowlsnewzealand.co.nz

***** All nominations must be received at Bowls NZ by 5.00pm Wednesday 10th July 2024**

Before completing your nomination, please make sure you have read all the relevant information and criteria relating to the Hall of Fame on the Bowls New Zealand website at www.bowlsnz.co.nz.

SECTION 1 | Personal details of the nominee

The following personal details of the nominee are required to be provided in full so that a clear and concise identification of the nominee can be made. These details are also required for the purpose of contacting the nominee should the nomination be successful.

Family name: _____ Given name(s): _____

Honours (if any): _____

Maiden name (if applicable): _____

Address: _____

Suburb: _____ City: _____ Postcode: _____

Phone: (H) _____ (B) _____ (M) _____

Email address: _____

Have the support of their peers:

SECTION 3 | Achievements

When providing additional information for this section it may be necessary to provide your response(s) on separate sheets of paper.

If including additional sheets, please indicate, by use of a heading, which area you are following on from. For example, 'Section 3 / 3.1 Nominee's international achievements.'

List the major achievements to bowls made by the nominee

List the nominee's international sporting achievements on and off the green.

Please list in chronological order.

List the nominee's national sporting achievements on and off the green.

Please list in chronological order.

SECTION 4 | Additional documentation

For promotional purposes please summarise the nominee's contribution and impact to the sport. Please also provide a photograph (head and shoulders if possible) of the nominee for promotional purposes.

SECTION 5 | Details of the person or organisation submitting this nomination

These details are required of the person or organisation submitting the nomination and will be used for the purpose of obtaining more information if necessary.

Name of contact: _____

Club / Centre: _____

Position: _____

Address: _____

Suburb: _____ City: _____ Postcode: _____

Phone: (H) _____ (B) _____ (M) _____

Email address: _____

Signed: _____ *(Nominator)*

Date: _____