



Sports Council Delegate Nomination Form

*Please Forward to
Community and Recreation
Port Stephens Council
PO Box 42
Raymond Terrace NSW 2324*

Sports Council:	
Sporting Group:	
Replacing: <i>(name of previous delegate)</i>	
Name:	
Address:	
Contact Details:	Phone: (H)
	Phone: (W)
	Mobile No:
	Email:
Date of Birth:	

Signed: _____ **Date:** _____
(Applicant)

This nomination was accepted & minuted at the sports council meeting _____
(Date)

Attended by Councillors _____
(List)

Signed: _____ **Date:** _____
(Sports Facility Co-ordinator)