

## 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: (name of previous delegate)	
Name:	
Address:	
Contact Details:	Phone: (H)
	Phone: (W)
	Mobile No:
	Email:
Date of Birth:	

Signed:

(Applicant)

Date:

This nomination was accep	ted & minuted at the sports cound	cil meeting	
		(Date)	
Attended by Councillors			
	(List)		
Signed:		Date:	
(Co	ommunity Assets Team)		