



Pride of Workmanship Awards
NOMINATION FORM

Name of Company or Employer.....

Business Address

Telephone (.....)..... Fax (.....).....

Nature of Business.....

Business Contact Name.....

FULL NAME OF NOMINEE.....

Approximate age if relevant.....

Private address.....

(Not for publication)

Employed as.....

State why you consider this employee to be worthy of a Pride of Workmanship Award.

Note: Your statement should be worded in a form suitable for reading as a short citation for the Awardee at the Presentation Dinner.

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Signature of Nominator.....Position.....

Mail completed form to Director Vocational Services, PO Box 3468 BROOME 6725;
Email to vocation@broomerotary.org.au