



New Zealand Search and Rescue Council

AWARD PROGRAMME NOMINATION FORM

Full name of the individual(s)/Group/organisation

Nominee Contact Details

Address

Home ()

Work ()

Email:

Occupation (*if applicable/relevant*)

Brief description of how the person, group or organisation has made an outstanding or significant contribution to Search and Rescue in the New Zealand Search and Rescue Region. Refer to the www.nzsar.org.nz website for instructions on how to complete this form. Supporting documents/photos can be attached.

NOMINATED BY:

Name

Address

Phone ()

Fax ()

E Mail

Signature

I certify that the information contained in this nomination is true and correct

Date / /

SECONDED BY:

Name

Address

Phone ()

Fax ()

E Mail

Signature

I certify that the information contained in this nomination is true and correct

Date / /
