Waratah-Wynyard Council Australia Day Awards

The Waratah-Wynyard Australia Day awards are presented to recognise and reward exceptional contributions to the Waratah-Wynyard municipal area.





Citizen of the Year 2017

To be presented to the person who has made a noteworthy contribution during the current year and/or given outstanding service to the local community over a number of years. (To be eligible the person must be 27 years or older on 26th January 2017.)



Community Event of the Year 2017

To be presented to the group or person who has staged the most outstanding community event of the year.



Young Citizen of the Year 2017

To be presented to the person who has made a noteworthy contribution during the current year and/or given outstanding service to the local community over a number of years. (To be eligible the person must not be more than 27 years of age on the 26th January 2017.)

Please complete the form and return to:

Council office at Wynyard or Waratah or mail to:

Chantelle French, Waratah-Wynyard Council, P.O Box 168, Wynyard, Tasmania 7325





Nomination Categories

| Citizen of the Year | Community Event of the Year | | Young Citizen of the Year | |
|--|-----------------------------|---------------|---------------------------|--|
| | | | | |
| Details of Group/Persons Being Nominated: | | | | |
| Organisation/Group: | | Mr/Mrs/Ms: | : | |
| First Name: | | Surname: | | |
| Address: | | ••••• | | |
| Contact Number: | | Mobile: | | |
| Email: | | Work: | | |
| If nominated for Young Citizen of the Year, Date Of Birth: | | | | |
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| Contribution/s to the community for which the group/individual is nominated: | | | | |
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| | | | | |
| Other significant contributions or achievements or relevant details: | | | | |
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| Past 9 procent membershi | in of community/cnor | ting or profe | ssianal hadias: | |
| Past & present membership of community/sporting or professional bodies: | | | | |
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Waratah-Wynyard Australia Day Nominations

| Other people who may be contacted fo | r further information about the nominee: |
|--|--|
| Name: | Contact: |
| Position: | |
| | |
| | |
| Name: | Contact: |
| Position: | |
| Address: | |
| | |
| | |
| | |
| To be completed by person submitting r | nomination: |
| Mr/Mrs/Ms | |
| First Name: | Surname: |
| Address: | |
| | |
| | |
| Organisation represented (if applicable) |) : |
| Contact Number: | Mobile: |
| Work: | Email: |
| Signature: | Date: / / |