

# PETER ROBERTS MEMORIAL TROPHY AWARD - NOMINATION FORM

Peter Roberts was a young dedicated medical trainer who focused his efforts on the lower grades of the club. During a match at Camden Oval, he went out to attend to an injured player but collapsed himself. An ambulance was called but he never made it to hospital. The players & officials dedicated a Perpetual Trophy to be awarded in his honour to the person that has given outstanding service to grades lower than A grade level.

A current and financial member of the Blackwood Football Club may submit to the Executive Committee in writing two months before the AGM of the current year, a proposal for consideration & discussion for bestowing the Peter Roberts Memorial Trophy Award to an outstanding person(s) who has given outstanding service to the lower level grades.

The nominator(s) will be advised in writing of the Committee's decision, followed by advice in writing to the person(s) They will be then invited to the Club's Moulden Medal Night where the award will be presented.

## SECTION 1. – THE NOMINEE

General information about the person that is recommended for nomination for the Peter Roberts Memorial Trophy Award. Please complete as much information as possible. Where you are unsure of an answer, please leave blank.

Family Name:		Given Name(s):				
Home Address: (Street, Subu	rb, City, Postcode					
Email Address						
Home Phone No.		Mobile Phone No.				
have worked with).		e; through Club, Association, a relative or someone who you				
Has the Nominee received any previous awards for achievements in relation to performance or outstanding service to Club? (please circle)						
Yes	No	Not Known				
If "Yes", what was the name of the award(s)?						

## **SECTION 2. – PROPOSER DETAILS**

The Blackwood Football Club Constitution Section 5 – Membership, details the requirements for Application as a member of the Club. Full details available on the Club website.

Family Name:	Given Name(s):		
Current BFC Member? (please circle)	Yes	No	
Date Commenced Membership / /			
Email Address:			
Home Phone No.	Mobile Phone No.		
SIGNED:	Date:		

By completing and submitting this form, you confirm that all details are correct to the best of your knowledge. PLEASE ENSURE THAT QUESTIONS ARE ANSWERED TO THE GREATEST DEGREE POSSIBLE AND INFORMATION RELATING TO THE NOMINATION IS ATTACHED BEFORE SUBMITTING YOUR NOMINATION

## **SECTION 3. – DETAILED REASONS FOR NOMINATION**

Please provide reasons why you believe the nominee meets the following criteria: \*\*if insufficient space is available to answer any of these criteria, please attach additional sheets.

#### Category A: Playing B: Coaching C: Team Support D: Umpiring

#### E: Volunteering F: Other

Dates of Service / / to / /	Cat:	Details	Details Provided by:	Checked by EC

Please submit this form to:						
The Secretary						
Blackwood Football Club						
In Person or by email: secretary@blackwoodfootballclub.com.au						
Committee Use Only						
Date Received://						
Further Documentation Required: Yes No If Yes, Details:						
Date Approved://						
Name:						
Position:						
Signature:						