

# LONG SERVICE NOMINATION

## NOMINATION FOR A SCHOOL OR INDIVIDUAL FOR OUTSTANDING SERVICE

10, 15, 20 or 25 Year Nomination

Name of Nominated School:

and/ or

Name of Nominated Person:

If Required, Name of Associated School/s:

Address of School/Person Nominated:

---

---

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Category of Award (please circle):

10 years

15 years

20 years

25 years

Evidence of participation in Australian Volleyball Schools Cup:

---

---

Please return this form by **1st November 2010** to the Events Office.

By Email: [avsc@avf.org.au](mailto:avsc@avf.org.au)

By Fax: (02) 6247 6722

By Post: PO Box 3323

Belconnen ACT 2617

