

THE ROTARY CLUB OF RYDE

“PRIDE OF WORKMANSHIP AWARDS”

NOMINATION FORM

Name of Company or Employer:

Business Address:

Phone: Fax: email:

Nature of Business:

FULL NAME OF NOMINEE:

Private Address:

Employed As:

State why you consider this employee worthy of a PRIDE OF WORKMANSHIP AWARD
(Note: Your statement should be worded in a form suitable for reading by you or the nominee's supervisor as a short citation for the awardee at the presentation.)

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Name of person nominating the employee (please print).....

Position of person nominating the employee:

Signature of person nominating the employee:.....

RETURN BY 10 APRIL 2018 TO: Tom Geroulas Ph. 9804 6896 (BH)
Rotary Club of Ryde
PO Box 90 RYDE NSW 1680
www.ryderotary.org.au
Email: info@westrydeoptometrist.com.au