**Long Service Nomination Form – FA 50 Year Award**

**Qualifying Criteria**

* 1. A minimum of 50 years’ active service;
	2. The 50 years should exclude any football played at school under the age of 16;
	3. The 50 years need not run consecutively.

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| 1. **Personal Details –** Nominator\*
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\*It is the responsibility of the Nominator to submit the nomination form to the relevant District Football Association for ratification.

|  |  |
| --- | --- |
| Name:  | Telephone (Daytime):  |
| Address: | Telephone (Evening):  |
|  | Mobile Number:  |
|  | Email Address: |
| Postcode:  | Position:  |

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| 1. **Personal Details –** Long Service Award Nominee
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|  |  |
| --- | --- |
| Name:  | Telephone (Daytime):  |
| Address: | Telephone (Evening):  |
|  | Mobile Number:  |
|  | Email Address: |
| Postcode:  | Age:  |

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| 1. **Evidence -** Please use this section to evidence the nominee’s contribution to the game.
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| --- | --- | --- | --- |
| **Start date****(Year)** | **End date****(Year)** | **Number of years’ service** | **Role (Coach, Player, Referee, Administrator, Committee Member etc)** |
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Total number of years’ service to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be a minimum of 50 years)

**Declaration (Nominator)** – To the best of my knowledge the information provided within this document is accurate

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature**  |  | **Date**  |  |

**Declaration (District FA)** – To the best of my knowledge the information provided within this document is accurate

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name** |  | **Date**  |  |

|  |
| --- |
| **Office use only** |
| **Date received**  |  |
| **Date verified**  |  |

**Please complete and return to:**

Diane Horne

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