

FIJI OLYMPIC ORDER NOMINATION FORM

(Nominations close on Friday 3 March, 2017)

NOMINEE'S NAME:				_ AGE:	_
ADDRESS:	 (Rє	esidential)			
TELEPHONE:	(Pc	(Postal) (Home)		(\A/ = vl.)	
(If your nominee is dec brother, sister, son or do	eased p	olease give	the address as c	(Work) are of next o	f kin ie parents,
NOMINATED BY:	JUGITIEI	1.			
ADDRESS:	_				
TELEPHONE:	(Hc	ome)	(Work)	(M	lobile)
FAX/E-MAIL:					
CONTACT PERSON	(Fa	Fax) (E-m		(E-mail)	
Please tick Nom ADMINISTRATION □ MEDICAL/SPORTS SC	MANA			ECHNICAL	
2. Period of service	to spo	rt:			
3. Organizations or			ominee has serv	ved:	
Organization/Associati	on	Position			Period of Service

Fiji Olympic House, 17 Bau Street GPO Box 1279, Suva, Fiji.

Phone: (679)-330-3525 | Fax: (679)-330-1647 Email: fasanoc@fasanoc.org.fj Website: www.fijiolympiccommittee.com





Name of Award	Conferred by	Date
	,	
*Notable achievements	in category being nominated:	
11010010 0011101110	in earlegery being norminated.	
. *Achievements o	n a Regional/International level:	
. Brief sporting history of n	ominee:	
la caración de la de fla		
. In your own words brieti! ne Fiji Olympic Order.	state why, in your opinion, your n	nominee snoula be awaraec
le riji Olympic Order.		

* Documented evidence of achievements should be provided (all documents and photos submitted shall remain the property of FASANOC)

SIGNED: _____ DATE: _____

- ** With nomination please attach:
 - passport size photograph of nominee.

Nominations close Friday 3 March, 2017 and submitted to:

The Chairperson, Fiji Sports Hall of Fame Committee, PO Box 1279. Suva – or delivered to 17 Bau Street, Suva or Email: fasanoc@fasanoc.org.fi with subject as HOF/FOO