

**Nomination of Surf Sports Captains  
2024/25 Season**

**NOMINEE**

Position	
Surname	
Given Name(s)	
Date of Birth	
Signature	

**Awards/Accreditations**

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**How do you uphold our club values?**

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Receipt Date	
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Please return to the office or [admin@sorrentoslsc.org.au](mailto:admin@sorrentoslsc.org.au)