**Name of individual nominee** ……………………………………………………………………...…………………

**Postal address:** …………………………………………………………………….............................................

**Contact details: Phone:** ………………………………………………………………………………………………

**Email: .**…………………………………………………………………………………………………………………..........

**Reason for nomination (use attachment or back of this form if needed)**

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**Nominated by**………………………………………………………….........................................................

**Contact details: Phone:**……………………………………………………………………………………….………..

**Email:** ………………………………………………………………………………………………………………………………

Both parties may choose to remain anonymous – please advise below.

* Nominating person to remain anonymous - Yes / No
* Recipient to remain anonymous - Yes / No
* **OR** unsure – decision to be made by recipient - Yes / No

Nominations to be received by 31st March each year.

Send the completed nomination form by email to the **Quilt Encounter Convenor**

The recipient will be included in the mailing list to receive the Quilt Encounter brochure and will be included in the usual class selection process.

**Any queries – please contact Kerryn Brand on email** **Quilt Encounter Convenor**

The final decision to confirm the recipient of this award will be made by the Quilt Encounter Committee and the President of SA Quilters.