

Saskatchewan Amateur Speed Skating Association
 2205 Victoria Avenue, Regina, SK S4P 0S4
 Ph. (306) 780-9400 Fax (306) 525-4009
Dr. Bernie Goplen Award

Part A

Nominee

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____ Place of Birth: _____

If deceased please check: Date of death: _____

Next of Kin: _____

Address: _____

Telephone: _____

Nominator: _____

Address: _____

Telephone: _____

Date of Nomination

Signature of Nominator

Part B

Participation as a Volunteer

Please list details of nominees career as a volunteer in speed skating.

1. Club Level: _____

2. Provincial Level: _____

3. Regional Level: _____

4. National Level: _____

5. International Level: _____

6. Indicate category (ies) in which the individual named has served as a volunteer.

Administration _____ Number of years served

Coaching _____ Number of years served

Membership Development _____ Number of years served

- Public Relations _____ Number of years served
- Fundraising _____ Number of years served
- Officiating _____ Number of years served
- Special Projects _____ Number of years served
- Other _____ Number of years served

Part C

If the nominee has contributed to speed skating in ways not covered by part B, please provide details here.

Before forwarding this nomination to the Saskatchewan Amateur Speed Skating Association office, please be sure all applicable parts have been completed.