





# DRY LAKES RACERS AUSTRALIA

## HALL OF FAME

### NOMINATION FORM

#### 4. Details of referees

Please provide details of referee/s that are able to make direct comment on the contribution/service of the person you are nominating.

Referee 1

Surname:		First Name	
Postal Address			
State:		Postcode:	
Club/Committee/Function/Role			
Member Number:			
Phone (AH):		Phone (BH)	
Mobile:		Email:	

Referee 2

Surname:		First Name	
Postal Address			
State:		Postcode:	
Club/Committee/Function/Role			
Member Number:			
Phone (AH):		Phone (BH)	
Mobile:		Email:	

Referee 3

Surname:		First Name	
Postal Address			
State:		Postcode:	
Club/Committee/Function/Role			
Member Number:			
Phone (AH):		Phone (BH)	
Mobile:		Email:	

#### 5. Nominator's Signature

Signature:	Date:
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Nominations are to be sent to;

Dry Lakes Racers Australia  
Hall of Fame  
PO Box349  
Castlemaine VIC 3450