

Dr. Rob Mental Wellness Award Nomination Form

Nominee:	Date:
Division: <input type="checkbox"/> U13 <input type="checkbox"/> U15 <input type="checkbox"/> U18 <input type="checkbox"/> Local League <input type="checkbox"/> REP League	Nominated by:
Please explain below how your player is committed to fostering and nurturing the following qualities:	
Inclusive of all teammates:	
Listens more than talks:	
Positive teammate relations:	
Values teammate contributions:	
Supportive of all teammates:	
Seeks help for teammates:	
Addresses disrespectful and/or bullying behaviour:	
Demonstrates empathy towards teammates:	
Other Comments:	

Please forward completed nomination form to the PSHC Secretary. The Stevens family will review all nominations and select the award winner to be announced at the appropriate Awards Ceremony.