##

## 2024 Brad Parks Award Nomination Form

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| --- | --- |
| Name of Nominee |  |
| Nationality |  |
| Nominee Type | Individual person / Organisation / Other*(please delete as appropriate)* |
| Proposer |  |
|

|  |
| --- |
| Proposer Role  |

 |  |
|

|  |
| --- |
| Proposer signature  |

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Please complete the following three (3) sections, with no more than 200 words per section:

1. Roles the Nominee has held/Currently holds within wheelchair tennis
2. Key achievements of the Nominee in wheelchair tennis
3. Any additional (relevant) background information

Please provide any evidence or materials that support this nomination, e.g. web links, news articles etc.

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (On behalf of National Association)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (On behalf of National Association)

# Please kindly complete and return this form via email to: wheelchair@itftennis.com

**All Nominations must be received by Tuesday 17December 2024.**