

## ANNUAL SPORT RECOGNITION AWARD Nomination Form

Please complete this form as fully as possible.

NOMINEE FULL NAME (Teams provide a	contact name):		
DATE OF BIRTH: DD/MM/YY	PLACE OF BIRTH:		
MAILING ADDRESS:			
HOME PHONE:	BUS. PHONE:		
EMAIL:			
HOW LONG HAS NOMINEE LIVED IN EAS	ST FERRIS (YEARS)_	FROM:	<u>T0:</u>
NOMINATION IS FOR: (ATHLETE AND BU	JILDER MAY BOTH BE CHECKED IF A	.PPROPRIATE):	
☐ ATHLETE	☐ BUILDER		TEAM
MAIN SPORT(S):			
BUILDER CATEGORY(S) (COACH, OFFICI	AL, EXECUTIVE, SPONSOR, ETC.):		
LEVEL OF INVOLVEMENT IN THE CURRE	INT CALENDAR YEAR: (PLEASE CHEC	CK APPROPRIATE CAT	EGORIES)
LOCAL	NATIONAL		PROFESSIONAL
☐ REGIONAL ☐ PROVINCIAL	☐ INTERNATIONAL ☐ AMATEUR		<ul><li>□ SANCTIONED</li><li>□ NON-SANCTIONED</li></ul>
IF SANCTIONED, PLEASE INDICATE BY V	VHAT GROUP(S):		
	• • • • • • • • • • • • • • • • • • • •		
HONOURS RECEIVED OR WON IN THE C	URRENT CALENDAR YEAR:		

PLEASE PROVIDE ANY FURTHER DETAILS OF THE NOMINEE'S INVOLVEMENT <b>IN THE CURRENT CALENDAR YEAR</b> AND WHY YO FEEL THE NOMINEE SHOULD BE SELECTED:  (Attach supporting documents as required)		
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	I hereby certify that, to the best of my knowledge, the above information is true, and I endorse this application is for the Annual East Ferris Sports Recognition Award.	
NOMINATOR:	DATE:	
RESEARCH COMP	PLETED BY:	
CONTACT PHONE	<u>:</u>	
CONTACT ADDRES	SS·	

PLEASE RETURN COMPLETED FORMS AND DOCUMENTATION TO:

RECREATION COORDINATOR 1267 VILLAGE ROAD ASTORVILLE, ONTARIO POH 1B0

recreation@eastferris.ca

ANNUAL INTAKE PERIOD: JANUARY 1ST TO AUGUST 30TH