

EMERGENCY SERVICE AWARD OF RECOGNITION

Honouring those who voluntarily went above and beyond in an emergency situation

* Please include biographical information for presentation purposes.

NOMINEE INFORMATION: Please ensure accuracy, as this is the name that will be printed on all letters,
awards, etc
Salutation: OMr. OMrs OMiss OMs. Or.
First Name:
Last Name:
Address:City:
Postal Code:Age:Email:
Telephone Numbers Day:Fax:Fax:
Has the individual previously received an Emergency Service recognition award? If Yes, please describe:
Please provide details of their actions and the risk faced during the incident, including the names and contact information of victims, eyewitnesses and anyone else who provided assistance during the incident. <i>Please use additional pages as necessary.</i>

NOMINATED BY:					
Salutation: OMr.	OMrs	OMiss	OMs	ODr.	
First Name:					
Last Name:					
Address:		City:			
Postal Code:					
Contact Info: I prefer to be contacted	by:)Phone	E mail		
Telephone Numbers: Day:		Evenin	g:		
Email:			Fax:		
Signature:					

** USE ADDITIONAL PAGES IF MORE SPACE IS NEEDED ** DEADLINE FOR SUBMISSION IS April 1st

Please submit completed forms to Sep@wasagabeach.com
Forms can also be dropped off in person or mailed to:
30 Lewis Street,

Wasaga Beach, ON L9Z 1A1

Attn: Lisa Linhares, Special Events Programmer