



NOMINATION FOR VOLUNTEER YEARS OF SERVICE RECOGNITION

Honouring the volunteer contributions of Wasaga Beach Residents

5 YEARS 10 YEARS 15 YEARS 20+ YEARS

** 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: Mr. Mrs Miss Ms Dr.

First Name: _____

Last Name: _____

Address: _____ City: _____

Postal Code: _____ Age: _____ Email: _____

Telephone: Day: _____ Evening: _____

Has the individual previously received a volunteer recognition award?

If Yes, please describe: _____

Please provide details of the nominee's volunteer service or contribution to the enrichment of community life through arts, social, cultural or recreational conditions and years of service. *Please use additional pages as necessary.*

NOMINATED BY:

Salutation: Mr. Mrs. Miss. Ms. Dr.

First Name: _____

Last Name: _____

Address: _____ City: _____

Postal Code: _____

Contact Info:

I prefer to be contacted by: Phone Email

Telephone Numbers:

Day: _____ Evening: _____

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