

NOMINATION FOR THE HISTORICAL APPRECIATION AWARD

Recognizing individuals and/or organizations that have played a significant role in the promotion or conservation of the history of Wasaga Beach.

NOMINATOR INFORMATION:

Salutation:	Mr.	Mrs.	Ms.	Dr.	
First Name:			Last	Name:_	
Wasaga Beach Address:	III				
Postal Code:			Em	ail:	
Telephone Numbers:	Day:		Ev	ening:_	
Signature:					
I prefer to be contacted by	telephor	ne oi	r email	_	

HISTORICAL APPRECIATION NOMINEE INFORMATION:

Please provide a detailed description of the nominee and their achievements in at least one of the categories listed below.

___Historical Awareness/Education ___Research/Documentation Preservation/Conservation

Please use additional pages as necessary:

Name of Nominee _____

A detailed description must be provided or the application cannot be considered.

Please submit your nomination by April 1,2021 to:

Dina Lundy, Clerk/Director of Legislative Services Town of Wasaga Beach 30 Lewis Street Wasaga Beach, ON L9Z IA1 Tel: 705-429-3844 ex 2223 Fax: 705-429-6732 Email: clerk@wasagabeach.com