



## REMEMBRANCE SERVICE BANNER PROGRAM

### Honoring The Contributions of Wasaga Beach Residents In of Service our Country

☐ Served in Canadian Forces or Allies ☐ Lived/Lives in Wasaga Beach

*\* Please include biographical information for presentation purposes.*

#### NOMINEE INFORMATION:

Please ensure accuracy, as this is the name that will be printed on all letters, banners, etc

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

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Is a High Quality image attached for use in the Remembrance Banner Program?

☐ Yes ☐ No

Please provide details of the nominee's service, such as when, where, what they were involved in. *Please use additional pages as necessary.*

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**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 Oct.13<sup>th</sup>, 2023**

Please submit completed forms to [sec@wasagabeach.com](mailto:sec@wasagabeach.com) or drop off in person or mail to 30 Lewis Street, Wasaga Beach, ON L9Z 1A1

Attention: Candice Grisbrook, Manager of Special Events

