



NOMINATION FOR ACCESSIBILITY RECOGNITION

Honouring those who have demonstrated a commitment to accessibility and an inclusive environment for people with disabilities in the Town of Wasaga Beach

** Please include biographical information, if possible, for presentation purposes.*

NOMINEE INFORMATION:

Is the Nominee a:

Community Member Community Group/Organization Business

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

Salutation: Mr. Mrs Miss Ms Dr.

Business/Group/Organization Name (if applicable): _____

First Name: _____

Last Name: _____

Address: _____ City: _____

Postal Code: _____ Age: _____ Email: _____

Telephone: Day: _____ Evening: _____

Please provide details on how the nominee(s) has gone above and beyond to create an accessible and inclusive environment for people with disabilities. *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