



## 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.*

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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 April 1st**

Please submit completed forms to [msec@wasagabeach.com](mailto:msec@wasagabeach.com), or drop off in person or mail to

30 Lewis Street, Wasaga Beach, ON L9Z 1A1  
Attn: Candice Martynuik, Special Events Coordinator

