



EMERGENCY SERVICE AWARD OF RECOGNITION

Honouring those who voluntarily went above and beyond in an emergency situation

* 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 Numbers

Day: _____ Evening: _____ Fax: _____

Has the individual previously received an Emergency Service recognition award?

If Yes, please describe: _____

Please provide details of their actions and the risk faced during the incident, including the names and contact information of victims, eyewitnesses and anyone else who provided assistance during the incident. *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 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

