

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

