

COMMUNITY SERVICE AWARDS NOMINATION FORM 2024 Community Recognition Committee

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Date:

	LLOWING AGE CATEG		
	Adult (Age 25 – 64)		Senior (Age 65+)
	Group		Business
UISNE	SS BEING NOMINATED	<u>):</u>	
First Name:		Last Name:	
plicat	ole):		
City/Town:		Postal Code:	
E-mail:		Date of Birth:	
	(H)		(C)
	UISNE	□ Group UISNESS BEING NOMINATED Last Na oplicable): Postal (Date of	Group UISNESS BEING NOMINATED: Last Name: pplicable): Postal Code:

Personal information contained on this form is collected under the authority of the Municipal Act, S.O. 2001, C. 25, as amended, and will be used for the selection of nominees for municipal volunteer recognition purposes. Questions regarding this collection should be directed to the Municipal Clerk, 1000 Taylor Court, Bracebridge, Ontario P1L 1N2. (705)-645-5264.



TOWN OF BRACEBRIDGE VOLUNTEER AWARD **NOMINATION FORM 2024**

Community Recognition Committee

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PLEASE LIST ALL ORGANIZATIONS THAT THE INDIVIDUAL VOLUNTEERED WITH BOTH **PAST AND PRESENT:**

Organization/Contact Name and N	Length of volunteer contribution	
		
NOMINATION SUBMITTED BY:		
First Name:	Last Name:	
Organization:		
Home Address:		
City/Town:	Postal Code:	
E-Mail:		
Telephone:	Cell:	
Signature:	Date:	
OTHER INDIVIDUALS, ORGANI	ZATIONS OR GROUPS SUPPORTING THIS NOMINATION:	
Submission [Deadline: Friday May 3rd, at 12:00pm	

This form may be faxed, emailed, submitted online or delivered to the Town of Bracebridge as follows:

Community Recognition Committee Fax form to:

Attention: Jerad Henderson

705-645-3030

E-mail form to: jhenderson@bracebridge.ca

Town of Bracebridge Deliver form to:

Recreation Department Attention: Jerad Henderson Bracebridge Sportsplex 110

Clearbrook Trail

Bracebridge, ON I have sent an e-mail containing

To submit form online:

Click the SUBMIT button below (If using chrome you will need to download the document before

in an e-mail to: jhenderson@bracebridge.ca

sending). If you have any supplementary documentation/letters etc... please send them

additional information. P1L 0A3

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