

VOLUNTEER RECOGNITION EVENING TUESDAY, NOVEMBER 8, 2011

INDIVIDUAL NOMINATION FORM

This is your opportunity to recognize a volunteer for their contributions to your organization. Only one nomination per organization please. Award recipients from the last three years are not eligible for the current year. Two tickets will be mailed to the **nominee** to attend the event.

Nominee Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

Please describe the volunteer activities that your nominee has performed in your organization in the areas of recreation, sports, or arts & culture. **Maximum 75 words.**

Number of Years of Service: _____

NOMINATOR CONTACT INFORMATION

Organization Name: _____

Contact Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

Please return completed form to:
City of Niagara Falls
Recreation & Culture
7150 Montrose Road, Unit 1
Niagara Falls, ON L2H 3N3



Contact for further information:
Beth Angle
bangle@niagarafalls.ca
905-356-7521 X 3336 (Phone)
905-356-7404 (Fax)

Please return completed form by Friday, October 7, 2011