



## ANNUAL SPORT RECOGNITION AWARD Nomination Form

*Please complete this form as fully as possible.*

NOMINEE FULL NAME (Teams provide a contact name):

DATE OF BIRTH: DD/MM/YY

PLACE OF BIRTH:

MAILING ADDRESS:

HOME PHONE:

BUS. PHONE:

EMAIL:

HOW LONG HAS NOMINEE LIVED IN EAST FERRIS (YEARS)

FROM:

TO:

NOMINATION IS FOR: (ATHLETE AND BUILDER MAY BOTH BE CHECKED IF APPROPRIATE):

ATHLETE

BUILDER

TEAM

MAIN SPORT(S):

BUILDER CATEGORY(S) (COACH, OFFICIAL, EXECUTIVE, SPONSOR, ETC.):

LEVEL OF INVOLVEMENT **IN THE CURRENT CALENDAR YEAR:** (PLEASE CHECK APPROPRIATE CATEGORIES)

LOCAL

NATIONAL

PROFESSIONAL

REGIONAL

INTERNATIONAL

SANCTIONED

PROVINCIAL

AMATEUR

NON-SANCTIONED

IF SANCTIONED, PLEASE INDICATE BY WHAT GROUP(S):

HONOURS RECEIVED OR WON IN THE CURRENT CALENDAR YEAR:

PLEASE PROVIDE ANY FURTHER DETAILS OF THE NOMINEE'S INVOLVEMENT **IN THE CURRENT CALENDAR YEAR** AND WHY YOU  
FEEL THE NOMINEE SHOULD BE SELECTED:  
*(Attach supporting documents as required)*

*I hereby certify that, to the best of my knowledge, the above information is true, and  
I endorse this application is for the Annual East Ferris Sports Recognition Award.*

NOMINATOR

DATE:

RESEARCH COMPLETED BY:

CONTACT PHONE:

CONTACT ADDRESS:

PLEASE RETURN COMPLETED FORMS AND DOCUMENTATION TO:

RECREATION COORDINATOR  
1267 VILLAGE ROAD  
ASTORVILLE, ONTARIO P0H 1B0

[recreation@eastferris.ca](mailto:recreation@eastferris.ca)

ANNUAL INTAKE PERIOD: JANUARY 1<sup>ST</sup> TO AUGUST 30<sup>TH</sup>