

## Award of Hometown Excellence Team Recognition Program



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### AWARD OF HOMETOWN EXCELLENCE RECOGNITION PROGRAM

The Award of Hometown Excellence Program has been created to recognize minor hockey teams for their teamwork and dedication both on and off the ice. The recognized teams will have displayed excellence in one or both of the following areas:

- Excellence in the Community (fundraising, social causes, volunteerism, community service)
- Excellence on the Ice (league-play, tournaments, playoffs)

The award recognizes minor hockey teams at any level who:

- Abide by and promote the organization's Rules & Codes of Conduct.
- Advocate the community values of fair play, safety, sportsmanship, skill development, participation, and spirit of the game of hockey.
- Have made an extraordinary contribution to their community that is deserving of special recognition.

Recipients will receive:

- Recognition Certificate
- 25 Passes to the Hockey Hall of Fame
- Recognition at the OMHA Annual General Meeting
- Access to OMHA Fun-Zone following recognition at the OMHA Annual General Meeting
- Photograph and recognition in OMHA Annual General Meeting Program and Hometown Hockey magazine

### SELECTION PROCESS

There will be a maximum of six teams recognized for this Award. The selection committee will choose the award recipients based on the information presented in each nomination package.

### PHOTOS

Photos must be emailed to the OMHA office by **May 23<sup>rd</sup>** of the current calendar year. Photo resolution must be a minimum of 300 DPI (ie. 2 MB) and be in JPG, BMP or TIFF format.

### SUBMISSION INFORMATION

Please complete the form below by **May 23<sup>rd</sup>** and send it to the OMHA Office via fax [905-780-0344] or e-mail [jason.mahood@omha.net] along with the appropriate supporting documents, if necessary.

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**TEAM ENTRY FORM**

**TEAM NAME:** \_\_\_\_\_ **CENTRE:** \_\_\_\_\_

DIVISION (please circle one)

Novice	Minor Atom	Major Atom	Minor Peewee	Major Peewee
Minor Bantam	Bantam	Minor Midget	Midget	Juvenile

CATEGORY (please circle one)

HL      LL      Select      Rep

**ATTENDANCE INFORMATION**

# of Players	# of Team Officials	# of Family Members

**SEASON HIGHLIGHTS** (please attach media clippings and supporting documents if needed)

1.	
2.	
3.	
4.	

**SUPPORTING DOCUMENTS** (please check one):

- ☐ Yes, I have included supporting documents.  
☐ I have **not** included supporting document.

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**TEAM ROSTER**

**TEAM NAME:**

**CENTRE:**

	Player Name (Last name first)	#
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
<b>Team Officials</b>		
Coach		
Trainer		
Manager		
Asst. Coach		
Asst. Trainer		
<b>Team Contact Information</b>		
Name:	Address:	
City:	Postal Code:	Email:
Ph(d):	Ph(n):	Fax:
<b>Alternate Team Contact Information</b>		
Name:	Email:	
Ph(d):	Ph(n):	Fax: