

SERVICE AWARD NOMINATION FORM

NAME OF NOMINEE:	
ADDRESS:	
POSTAL CODE:	EMAIL ADDRESS:
SUBMITTED BY:	
SHSAA DISTRICT:	

Briefly provide the following information about the nominee:

DISTRICT INVOLVEMENT:

- Leadership/Administration
- Coaching
- Officiating

OTHER COMMUNITY LEADERSHIP ROLES:**PERSONAL DATA:**

QUOTE: (From a colleague regarding the character or qualities of the nominee. The quote will be used in the AGM awards banquet program.)

PERSONAL REFERENCES/CONTACTS:

Name:

Phone: