



INDIVIDUAL ATHLETE RECOGNITION FORM

Athlete Name: _____
(Name as it should appear on certificate)

Address: _____

Phone: _____ Email: _____

Name of Competition: _____

Event (include gender, age division, weight category, class etc):

Location: _____ Date of event: _____

Full name of Governing Body sanctioning the event:

Place / Medal: _____

Additional Information / Comments:

Please mail, fax or email to the attention of:
Nicole Cichello
Community Services Department – Main Floor
50 Dickson Street, P.O. Box 669
Cambridge, Ontario. N1R 5W8
(519) 740-4681 ext. 4202 OR Fax: (519) 740-6566 cichellon@cambridge.ca

The personal information collected on this form is gathered under the authority outlined in the Municipal Freedom of Information and Protection of Privacy Act (28-2) and will be used to provide you with information related to sports and athletics initiatives undertaken by the City of Cambridge. At no time will the personal information collected in the data base be shared with other organizations. If you have any questions on this collection of personal information please contact the Corporate Services Department, Clerk's Division, Ilidia Sa Melo, Corporate Records Co-ordinator/Deputy City Clerk at 519-740-4680 Ext. 4583, sameloi@cambridge.ca.