

SPORTS TEAM RECOGNITION FORM

Team Name: _____

Coach(es) Name: _____

Phone: _____ Email: _____

Contact Address: _____

FIRST and LAST name of team members (ensure proper spelling)
(Names as they should appear on certificates)

Name of Competition: _____

Location: _____ Date of event: _____

Full name of Governing Body sanctioning the event:

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

Place / Medal: _____

Additional Information / Comments:

Submitted by: _____ Phone: _____

Please mail, fax or email to the attention of:
Nicole Cichello, Recreation Co-ordinator
Community Services Department – Main Floor
50 Dickson Street, P.O. Box 669
Cambridge, Ontario N1R 5W8
519.740.4681 ext. 4652 OR Fax: 519.740.6566
cichellon@cambridge.ca