



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

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