



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

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.