



# 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:**

Don Crowder  
 Community Services Department – Main Floor  
 50 Dickson Street, P.O. Box 669  
 Cambridge, Ontario. N1R 5W8  
 519.740.4681 ext. 4342 OR Fax: 519.740.6566 [crowderd@cambridge.ca](mailto:crowderd@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](mailto:sameloi@cambridge.ca).