



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 or email to the attention of:
Siobhan Haughey
Recreation & Culture
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Cambridge, ON, N1R 5W8
519.740.4681 ext. 4576, siobh@cambridge.ca