



## 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 or email to the attention of:**  
Siobhan Haughey  
Recreation & Culture  
50 Dickson Street, P.O. Box 669  
Cambridge, ON, N1R 5W8  
519.740.4681 ext. 4576, siobh@cambridge.ca

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