

IMPORTANT INFORMATION TO CONSIDER WHEN COMPLETING THIS FORM:

Complete the nomination form with accurate details on the candidate. The Selection Committee will research all completed nominations. Incomplete nominations will not be considered.

PLEASE PRINT:

Name of Candidate (that will be printed on certificate):

Mailing Address: _____ Postal Code:

Home Phone:_____

Alternate Phone:

On a separate page include the following information about the candidate:

- Summary of outstanding achievements and contributions for which the nominee is being named. • (Provide the dates/ year in which these were accomplished.)
- Summary of awards and recognition of special interest, including dates and related information. .
- Information that might be considered noteworthy on the evening of the presentation of the award.

Each nomination should be supported by one letter of reference from someone other than the nominator, who is not a relative of the candidate.

Name of person making nomination:

Mailing Address:

Home Phone:

Postal Code:

Date:

Alternate Phone:

Signature:

For more information, please email recreation@oromocto.ca or call 357-4455. Please forward all completed nomination forms to:

> **Oromocto Millennium Award** c/o Recreation & Tourism Department **4 Dovle Drive** Oromocto, NB E2V 2V3