

ACCOMPLISHMENTS

YEAR	LEAGUE/LEVEL (National, Provincial (Local)	ACHIEVEMENT (Awards, Honours Records, Championships)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION: (Additional achievements, significant victories, team’s record, expand on the accomplishments above, provide context or significance of achievements)

You may attach any letters of reference, photographs, newspaper clippings, links to online stories or any other supporting documents)

NOMINATOR INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____

PHONE: _____ ALTERNATE/BUSINESS: _____

Please provide at least one reference in order to assist the selection committee in compiling information and/or assessing the nominee.

REFERENCE:

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____

PHONE: _____ ALTERNATE/BUSINESS: _____

Completed forms can be e-mailed to the nominations committee chair:

herb_garbutt@hhsm.ca

Or mailed to:

Herb Garbutt
1 Willoughby Way
Georgetown, Ont.
L7G 6C3

For additional information, call Herb Garbutt, 647-200-2225.