Athlete of the Month Award Nomination/Application

Candidate Information:

School / Team Name: _____

First Name: _____ Last Name: _____

Address: _____

Community/City/Town: _____ Postal Code: _____

Phone: _____ Date of Birth: _____

What is their Aboriginal status?

___ First Nation ___ Métis ___ Inuit ___Non-Status Aboriginal

Why should this person be considered for this award and how do they set a good example for other athletes?

_____

_____

_____

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_____

_____

Nominator Information:

First Name: _____ Last Name: _____

Address: _____

Community/City/Town: _____ Postal Code: _____

Phone: _____

Please circle the section below that best describes your relationship with the candidate:

Fellow Athlete Manager Official Coach Teacher Other: _____

THANK YOU FOR YOUR NOMINATION/APPLICATION!

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