

**Name of Nominee:** \_\_\_\_\_

The category for which the named individual is being nominated: (check one)

- Cultural
- Environmental
- Humanitarian
- Sports/Recreational
- Community Inclusion
- Community Service (recognition for individuals who have made a major contribution in more than one category and who have contributed to community sustainability through leadership in social, economic and/or urban development).

**Checklist of Required Information:**

- Completed Nomination Form with name of nominator and signatures
- Letter of support by nominator
- Brief biography or resume of nominee
- A recent photograph or digital image of the nominee
- Other (Please specify)

**Nominations must be received no later than 4:30 pm  
on Thursday, April 1, 2010, addressed or dropped off to:**

Civic Recognition Awards Selection Committee  
c/o Corporate Communications  
Third Floor, City Hall  
580 First Street SE  
Medicine Hat, Alberta T1A 8E6

**Nominations will also be accepted via e-mail in Microsoft Word or pdf format to [corpcomm@medicinehat.ca](mailto:corpcomm@medicinehat.ca) Subject Heading 2009 Civic Recognition Awards.**

Name and Address of Nominee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Nominators: (must be residents of the City of Medicine Hat):**

a) Name: \_\_\_\_\_

Organization/Agency (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE FEEL FREE TO ATTACH A SEPARATE SHEET WHEN COMPLETING THE FOLLOWING QUESTIONS.**

Please provide a brief description of the contributions this individual has made to the community (in chronological order listing the year).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how this individual's contribution has enhanced the quality of life in the City of Medicine Hat.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional Awards, recognition or certificates of achievement previously received by the individual.

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Please list any additional outstanding contributions by the individual.

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Please enclose letters of support for your nominee and a brief biography/resume of the nominee.

I, the undersigned, verify that to the best of my knowledge, the information provided is correct and that the nominee has consented to my nomination for a Civic Recognition Award.

Signed: X \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

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I, \_\_\_\_\_, the nominee, am aware of this nomination, and agree to  
(Print Nominee's Name)

participate in the Awards Ceremony, and have the information included in this application made public if selected.

\_\_\_\_\_  
Signature of Nominee