

TOWN OF STELLARTON

Francis "Bud" MacKay Memorial Award

NOMINATION FORM

Name of individual being nominated: _____

Nominee's mailing address: _____

_____ Postal Code: _____

Nominee's telephone #: _____ Home _____ Work

Age: _____ Years of volunteer work: _____

Describe below why you are nominating this individual. You might mention accomplishments, past awards and kinds of contributions. (List service with other organizations if applicable.)

(Note: Information may be edited to 50 - 60 words.)

Nomination submitted by: _____

(Individual)

Address: _____

Date: _____ On behalf of: _____

(Organization)

Please return to: **Stellarton Recreation Department**
P. O. Box 2200
Stellarton, Nova Scotia B0K 1S0

