

VANCOUVER 2010 OLYMPIC TORCH RELAY First Nation Language Youth Torchbearer Program



Return the completed nomination form to:



Assembly of First Nation
Trebla Building
473 Albert Street, Suite 810
Ottawa, ON K1R 5B4
Telephone: 613.241.6789

I wish to nominate the following individual to be a Vancouver 2010 Olympic Torchbearer:

First Nation Language Torchbearer Nominee Information (Please complete every part of this section)

Name:	First name	Surname		
Mailing address:	Street address	Community	Province/territory	Postal code
E-mail address: (optional)				
Contact phone #(s):				
Birth date:	dd	mm	yyyy	Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Aboriginal Nation:				Language group: Language of communication English: <input type="checkbox"/> French: <input type="checkbox"/>

If the nominee is under the age of 19, permission must be obtained from her/his parent or legal guardian

Parent/guardian name	First name	Surname		
Parent/guardian mailing address	Street address	Community	Province/territory	Postal code
Parent/guardian e-mail address				
Contact phone #(s)				

I am the parent/legal guardian of the above named child and I hereby consent to her/him being nominated to be an Olympic Torchbearer in the Vancouver 2010 Olympic Torch Relay

Date

Parent/legal guardian's signature



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First Nation Language Youth Torchbearer Program

Nominee's Name: _____

I believe the above named nominee would be an excellent torchbearer in the Vancouver 2010 Olympic Torch Relay because.... (500 word description)

NOMINATOR INFORMATION

Nominator Name: _____
Address: _____
E-mail address: _____ Contact phone number: _____
Signature _____

Nominee Acknowledgement:

I agree to put forward my name for consideration as a torchbearer in the Vancouver 2010 Olympic Torch Relay. I recognize that my nomination does not guarantee I will be selected as a torchbearer and I further acknowledge that participation in the Vancouver 2010 Olympic Torch Relay is subject to acceptance of certain additional terms and conditions.

Print name

Signature

Date