



PLEASE PRINT

TOURISM AWARDS NOMINATION FORM

Contact Information of the Nominator

SECTION 1

Name: _____

Group/Organization/Business (if applicable): _____

Address: _____ City: _____ Postal Code: _____

Cell Phone: _____ E-mail: _____

Contact Information of Nominee

SECTION 2

Name: _____

Group/Organization/Business (if applicable): _____

Address: _____ City: _____ Postal Code: _____

Cell Phone: _____ E-mail: _____

Award

SECTION 3

Select the appropriate award. A separate form is required if nomination is made for more than one award.

Legend Award

Discovery Award

Event of the Year Award

Sport Tourism Award

Signal Award

Destination St. John's Award of Distinction

Reason for nomination. Attach additional information or relevant support materials.

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of tourism award selection. Questions about the collection and use of the information may be directed to Beverly Skinner, Manager Program & Service Delivery - specialevents@stjohns.ca

Please send completed form by
the second Friday in April to:

For more information:

City of St. John's
Department of Community Services
Attn: Tourism Awards Selection Committee
348 Water Street
P.O Box 908
St. John's, NL A1C 5M2

Email: specialevents@stjohns.ca
Call: 709-570-2186