

Community Services - Economic Development, Culture and Partnerships Division

ANNUAL TOURISM AWARDS NOMINATION FORM

CONTACT INFORMATION OF NOMINATOR (complete all fields)				SECTION 1
Full Name:				
Group/Organization/Business (if applicable)				
Address:	City:		Postal Code:	
Telephone:	_ Cell:	E-mail:		
CONTACT INFORMATION OF NOMINEE (pe	rson/group/organization/busir	ness being nominated)		SECTION 2
Name: Group/Organization/Business:				
Address:				
Telephone:				
LIST OF AWARDS (a separate form is required	for each nomination)			SECTION 3
Check the appropriate award				
☐ Legend Award	□ Discovery Award			
□ Event of the Year Award	☐ Sport Tourism Award			
☐ Signal Award (Cruise)	☐ Destination St. John's Award of Distinction (Convention)			



Community Services - Economic Development, Culture and Partnerships Division				
REASON FOR NOMINATION (attach additional in	SECTION 4			
REASON FOR NOMINATION (attach additional in	nformation or relevant support materials)	SECTION 4		
Please send completed form by the second Friday in April to:	City of St. John's Dept. of Community Services Economic Development, Culture & Partnerships	For more information: Email: specialevents@stjohns.ca Call: 709-570-2186		
	Tourism Awards Selection Committee 348 Water Street P.O Box 908 St. John's, NL A1C 5M2			

