

## **YES, I have a Nomination for the Annual CAVEAT Youth Awards**

I would like to nominate: \_\_\_\_\_

Home Address: \_\_\_\_\_ Tel. (\_\_\_\_)\_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Along with this ballot, please submit a description of the reasons for nomination  
(maximum length 1 page)**

My Name: \_\_\_\_\_ Tel. (\_\_\_\_)\_\_\_\_\_

(Your name and telephone number must appear on this nomination form for it to be considered.)

**Mail:** Youth Awards, c/o CAVEAT, Suite 3-164 Fairview St., Burlington, ON L7N 3L5 **Fax:** 905-632-3039