



CurlManitoba

*Manitoba Curling Club Volunteer Award
Nomination*

CURLING CLUB _____

NOMINEE'S NAME *(Please Print Clearly)* _____

ADDRESS TO SEND THE CERTIFICATE TO:

Please include when you need the certificate by.

Return by fax to 204-925-5720 OR

By mail to: 309-145 Pacific Ave., Winnipeg, MB. R3B 2Z6 OR

Email the above information to: tewasko@curlmanitoba.org