



Please complete the following form to nominate someone you know to be a torch bearer in the **2018 Wood Buffalo Alberta Winter Games ATCO Torch Relay** on February 16, 2018.

Please send your completed form to:

Torch Relay Coordinator:
8329 Fraser Avenue
Fort McMurray, AB T9H 1W9
Phone: (780) 750-8192
Email: admin@2018awg.ca

Deadline for Nominations: November 30, 2017 at 4:30pm

Torch Bearer Eligibility

* Between the age (s) 11-17

*Be able to complete (run/walk/wheel) your assigned 200m distance

*Have a guardian who will accompany you during the Torch Relay and and be responsible for your transportation to and from Rehearsal day, Torch Relay, and Opening Ceremonies.

*Be prepared to participate in a training session/rehearsal prior to the Torch Relay on Thursday, February 15th.

*Be prepared to participate in the Opening Ceremonies following the Torch Relay on Friday, February 16th at 6pm.

* Sign the Participation waiver before or on Torch Relay day.

*Agree to have your photo published by the 2018 Wood Buffalo Alberta Winter Games, sponsors, or media for the purpose of promoting the Alberta Winter Games ATCO Torch Relay.

A. Please indicate which community within Wood Buffalo the nominee resides in:

- | | |
|---|--|
| <input type="checkbox"/> Anzac | <input type="checkbox"/> Fort Fitzgerald |
| <input type="checkbox"/> Conklin | <input type="checkbox"/> Fort McMurray |
| <input type="checkbox"/> Draper Road | <input type="checkbox"/> Fort McKay |
| <input type="checkbox"/> Fort Chipewyan | <input type="checkbox"/> Janvier |
| | <input type="checkbox"/> Sapræe Creek |



B. Nominee Information

First Name: _____ Last Name: _____

Home Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Phone Number: _____

Email address : _____

Name of the school the Nominee attends: _____

Date of Birth MM/DD/YY ____/____/____

Uniform Size Adult: XS _____ Small _____ Med _____ LG _____ XL _____

C. Person Submitting Nomination:

First Name: _____ Last Name: _____

Home Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Phone Number: _____

Email address : _____

Date of Birth MM/DD/YY ____/____/____

Relationship to Nominee: _____

Does the person know they are being nominated? Yes _____ No _____

