



Prix Hommage Isabelle-Gallant-Owen
Referral slip for nomination of candidates 2021

❖ **Information on candidates** (*Write in block letters*)

Last Name: _____ First Name: _____
Age on April 1st, 2020: _____ Date of birth: _____
Address: _____ Municipality / Village: _____
Province: Prince Edward Island Postal Code: _____
Telephone: _____ E-mail: _____

❖ **Information on nominators** (*Write in block letters*)

Name of organization (*if applicable*): _____
Last Name: _____ First Name: _____
Address: _____ Municipality / Village: _____
Province: Prince Edward Island Postal Code: _____
Telephone: _____ Fax: _____
E-Mail: _____

❖ **Nominator's Statement**

I certify that the candidate was informed of his/her nomination and that the information provided is accurate, in particular in regards to volunteer activities (not remunerated):

Name: _____

Signature: _____ Date: _____

