



## VOLUNTEER SERVICES SNOW ANGELS NOMINATION FORM

### Nominator

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

### Snow Angel

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

### Briefly tell us about your Snow Angel:

*(how you met him/her, how often they help, and other special info)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Send us your completed nomination form to:

Drop off at 5220 - 54 Street Cold Lake  
Mail to Cold Lake and District FCSS  
5513 – 48 Avenue, Cold Lake, AB, T9M 1A1  
Email to [fcss@coldlake.com](mailto:fcss@coldlake.com)  
Or Fax to 780-594-1157

City of Cold Lake in association with the following organizations:



5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

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