



# CAMP OLAVE MEMORY BOOK – APPLICATION FORM

Please type or print

Name of Person Nominated

Name of Nominating Council, Committee or Group

## Nominator's Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Commissioner's Signature (indicating Council Approval) \_\_\_\_\_

Name of:  District     Area    \_\_\_\_\_

Date \_\_\_\_\_

### With this completed form please enclose the following:

A non-returnable picture of the recipient, 4 x 6 inches in size, photographed vertically, just of the recipient. Group photos are not acceptable as this is recognition of the individual.

A summary of up to (**but no more than**) 225 words of why the recipient is being included in the Camp Olave Memory Book.

Mail to:  
Camp Olave Management Committee  
c/o BC Girl Guides  
107-252 Esplanade Ave W  
North Vancouver, BC V7M 0E9