



CERTIFICATE OF RECOGNITION APPLICATION

Student's Name: _____ Age: _____

In the space below, please explain the student's background and experience and why you feel they are deserving of this award:

Recommending Teacher / Extra-Curricular Supervisor: Mr Ms Mrs Miss

Theatre Ontario member's name (if different from above): _____

School Name: _____

School Address: _____

City: _____ Postal Code: _____

Telephone: _____

Email: _____

Date Desired on Certificate: _____

Signature: _____ Date: _____

CERTIFICATE OF RECOGNITION
DEADLINE

Please allow 4 weeks for delivery