



The City of Medicine Hat would like to recognize Snow Angels for their great citizenship and for helping other community members! Please nominate a Snow Angel to recognize their outstanding work.

Name of Angel:	
Address: (optional)	
Phone Number: (optional)	
Submitted By:	
Address:	
Phone Number:	
Relationship to Snow Angel:	

Why would you like to recognize your Snow Angel?

Please submit your information to Shantel Ottenbreit at 225 Woodman Ave SE (Veiner Centre) or email it to shaott@medicinehat.ca

