



***The City of Medicine Hat would like to recognize Classroom Snow Angels for their great citizenship and for helping other community members! Please enter your Snow Angel class to recognize their outstanding work.***

Date of Shoveling:	
Teacher's Name:	
School:	
Grade:	
Teacher's Email Address:	

Tell us about your Snow Angels experience:

---

---

---

---

---

---

---

---

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

