QCMBL BOB RYAN VOLUNTEER OF THE YEAR

Name of Person Submitting this form:_____
Nominee's Name: _____
Volunteer Position:_____

Please expand on the following section as necessary:

HISTORY OF LACROSSE VOLUNTEERING ACTIVITIES AND ACHIEVEMENTS:

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Please return this form to: qcmboxlax@gmail.com

or

Queen City Minor Box Lacrosse
P.O. Box 27052, 420 Albert Street
Regina, Saskatchewan S4R 8R8
Attention: Volunteer Award