



## Labrador Winter Games Torch Relay Nomination Form

The Labrador Winter Games Torch Relay is a celebration of community, culture, and sport. Torchbearers will represent the spirit of the Games and the people of Labrador. Please use this form to nominate yourself or someone else to be considered as a torchbearer.

### Section 1: Nominee Information

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Community: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender (optional): \_\_\_\_\_

Indigenous Affiliation / Cultural Background (optional): \_\_\_\_\_

Connection to Labrador (if not a resident): \_\_\_\_\_

### Section 2: Nominator Information

(If you are nominating yourself, please indicate 'self-nomination' in the Relationship to Nominee question)

Full Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

### Section 3: Community Contribution

Please describe the nominee's involvement in community service, sport, cultural activities, or volunteerism.  
(Approx. 200 words)

### Section 4: Personal Story & Inspiration

Why should this person be selected as a torchbearer? Please share an inspiring personal story, achievement, or example of leadership.

(Approx. 200 words)

## Section 5: Connection to Labrador Winter Games

Has the nominee previously participated in or contributed to the Labrador Winter Games?

YES / NO - If Yes, please provide details below:

## Section 6: Availability & Commitment

I confirm the nominee is available to participate in the Torch Relay on the scheduled dates. Yes / No

I confirm the nominee is physically able to safely carry the torch over a designated distance. Yes / No

I confirm the nominee is willing to participate in orientation/training and media activities. Yes / No

## Section 7: References

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

## Section 8: Declaration

I certify that the information provided in this form is accurate to the best of my knowledge.

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

### Submission Instructions:

Completed forms must be submitted by November 30<sup>th</sup>, 2025 to:  
Labrador Winter Games Torch Relay Committee – [labradorwintergames2026@gmail.com](mailto:labradorwintergames2026@gmail.com)

### Privacy Disclosure:

All personal information collected via the nomination process will be safely secured by the Labrador Winter Games Association and will not be provided to any external or third parties.