



Pink Trillium Award

Ward Coach Name: _____ Ward: _____

RECIPIENT INFORMATION

Recipient: (Please ensure *accuracy* as information may be published)

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Address: _____
(e.g. 1234 Main **St N**)

City: _____
(Hamilton, Dundas, Binbrook)

Postal Code: _____

Email Address: _____

Phone #: _____

PHOTOGRAPH AND INFORMATION PERMISSION

The undersigned authorizes the **City of Hamilton** to permit photographers/videographers employed or designated by the City of Hamilton to take or obtain photographs and/or film/video footage of and to obtain quotations and information from the undersigned. Such photographs, film/video footage and recorded comments may be used for publications and broadcasts which may include but not be limited to the following: newspapers, radio, television, staff newsletters, social media, news releases, pamphlets, brochures, flyers, and promotional publications and the undersigned shall be entitled to no compensation as a result of such use from the City of Hamilton.

Permission to publish name and photograph online and on other media? Yes No

Would you nominate a neighbours, friends or family garden next year? Yes No

Would you like to be a Trillium Judge in the future? Yes No

Have you visited our Hamilton Trillium Website? Yes No

Recipient Signature: _____ Date: _____

(Parent or Guardian if under 18 years of age.)