

**GIRL GUIDES OF CANADA  
CAMP OLAVE MANAGEMENT COMMITTEE**

**MEMORY BOOK**

**Application Form**

Please type or print

**Name of Person Nominated**

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**Name of Nominating Council, Committee or Group**

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**Nominator's Contact Information**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Commissioner's Signature (indicating Council Approval)** \_\_\_\_\_

**Name of:**  District  Division  Area \_\_\_\_\_

**Date** \_\_\_\_\_

**With this completed form please enclose the following:**

A non-returnable picture of the recipient, 4 x 6 inches in size, photographed vertically, just of the recipient. Group photos are not acceptable as this is recognition of the individual.

A summary of up to **(but no more than)** 225 words of why the recipient is being included in the Camp Olave Memory Book.

Mail to:  
Camp Olave Management Committee  
1476 West 8<sup>th</sup> Avenue  
Vancouver, B.C. V6H 1E1