

# Nomination Form – Team Collaboration Award

(maximum of three teachers)



**Nominees:**

**(1)** Dr. Mr. Mrs.

Ms. Miss \_\_\_\_\_  
given name(s) surname

Manitoba teaching certificate # \_\_\_\_\_ Grade level(s) \_\_\_\_\_

School \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_

City/town \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**(2)** Dr. Mr. Mrs.

Ms. Miss \_\_\_\_\_  
given name(s) surname

Manitoba teaching certificate # \_\_\_\_\_ Grade level(s) \_\_\_\_\_

School \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_

City/town \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**(3)** Dr. Mr. Mrs.

Ms. Miss \_\_\_\_\_  
given name(s) surname

Manitoba teaching certificate # \_\_\_\_\_ Grade level(s) \_\_\_\_\_

School \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_

City/town \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

## Team Collaboration Award (continued)

### Nominator:

Dr. Mr. Mrs.

Ms. Miss \_\_\_\_\_

given name(s)

surname

School\* \_\_\_\_\_

\*if applicable

Division\* \_\_\_\_\_

Address \_\_\_\_\_

City/town \_\_\_\_\_

Postal code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

We, the undersigned, endorse the nomination of \_\_\_\_\_ ,

\_\_\_\_\_ , \_\_\_\_\_ for this award.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### NOMINATION DEADLINE: DECEMBER 15, 2006

Mailing address:

**Selection Committee**

**Manitoba's Celebration of Excellence**

**in Teaching – Minister's Awards**

Room 509

1181 Portage Avenue

Winnipeg, MB R3G 0T3

To request a nomination package, please contact:

**Sandra Drzystek**

Telephone: (204) 945-6916

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Toll Free: 1-800-282-8069 ext. 6916

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or visit: [www.edu.gov.mb.ca/k12/proflearn/index.html](http://www.edu.gov.mb.ca/k12/proflearn/index.html)

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