

Send this form to the  
Bicycle Committee  
Sun Youth Organization  
4251, St.Urbain Street  
Montreal, QC  
H2W1V6



Name of the child: \_\_\_\_\_  
Age : \_\_\_\_\_  
Height : \_\_\_\_\_

Name of the parent: \_\_\_\_\_

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

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

Name of the person submitting the candidacy:

Relationship with the child : \_\_\_\_\_

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

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

Reason of referral:

- Heroism
- Positive impact on the community
- Experiencing difficult situations

Summary of the gestures, actions or situations that led the adult to nominate the child (use additional sheets if necessary):

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