



CITY OF MARGATE
CITY CLERK'S OFFICE
5790 MARGATE BOULEVARD
MARGATE, FL 33063
PHONE: 954-935-5239
FAX: 954-935-5211

ATHLETE RECOGNITION
(PLEASE PRINT OR TYPE)

City Commission Meeting Date: _____

Sport/Team Name/School/and /or/Association: _____

ATHLETE'S Name and Age: _____

Phonetic Spelling of Name _____

ATHLETE'S Parent(s)/Guardian(s) Name(s): _____

ATHLETE'S Address: _____

Reason for Recognition: _____

Will the ATHLETE be in attendance at the City Commission Meeting? Yes _____
No _____

Name and title of Sport representative who will be reading presentation at meeting: _____

Please visit our website <http://www.margatefl.com> for the Athlete's picture a few days after the meeting.

NOTE: It is imperative that you return this form to the City Clerk's office two weeks prior to the City Commission meeting to ensure that your Athlete is recognized.