



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.