NOMINATION FORM



THE NOMINEE (PLEASE PRINT OR TYPE)



NOTE: PLEASE INCLUDE A DIGITAL PHOTO OF THE GROUP/ORGANIZATION BEING NOMINATED FOR USE AT THE AWARDS SHOW

ENSURE TO READ CRITERIA FOR THIS NOMINATION PRIOR TO COMPLETION

NAME	ADDRESS	AGE	SCHOOL ATTENDE
ıp's community ir	nvolvement		

Number of hours per week		_
Comments on contribution:		
3. Time commitment to performing arts		
Number of hours per week		_
Date started	_ Date finished	_
Comments on time commitment:		
4. Awards or recognition received during cale	ndar year of competition	
5. Nominator's general comments		
THE NOVINATOR		
THE NOMINATOR		
NAME		_
ADDRESS		_
EMAIL		_
NOMINATING ORGANIZATION		_
SIGNATURE OF NOMINATOR		-
SIGIN TIGHT OF THE PROPERTY OF		