NOMINATION FORM

YOUTH GROUP OF THE YEAR



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

ENSURE TO READ CRITERIA FOR THIS NOMINATION PRIOR TO COMPLETION

NAME	ADDRESS	AGE	SCHOOL ATTENDED
roup community invo	lvement		

Number of hours per week		
Comments on contribution:		
3. Time commitment to group		
Number of hours per week		
Date started	Date finished	
Comments on time commitment:		
4. Awards or recognition received during c	alendar year of competition	
5. Nominator's general comments		
THE NOMINATOR		
NAME	TELEPHONE #	
ADDRESS		
EMAIL		
NOMINATING ORGANIZATION		
SIGNATURE OF NOMINATOR	DATE	