

Community Awards Nomination Form

Name of Nominee: Please circle one of the following categories:			
Phone number of nominee:			
Address of nominee:			
Name of any spouse or child	ren:		
Occupation of nominee:			
Nominee's career history:			
			_
			_
Nominee's contributions and	accomplishments in the co	mmunity:	

Organizations the nominee is involved in (professional, business, civic, etc.):
Why do you believe this person is qualified for this award?
Names of friends, acquaintances, and/or relatives who could provide more information if necessary:
Nominated by:
Phone:
Additional information you can provide helps our selection committee with the selection process. Please attach any extra documentation that supports why you believe this person is qualified for the selected award.
Please mail, fax, scan, email or stop by the Salida Chamber with the completed form by 5pm on January 8th, 2024 .

Salida Chamber of Commerce 406 W. Hwy 50 Salida, CO 81202 | Phone: 719-539-2068