

Community Awards Nomination Form



Name of Nominee: _____

Please Circle one of the following categories:

Man of the Year **Woman of the Year** **From the Heart Award** **The Cornerstone Award**

Phone number of nominee: _____

Address of nominee: _____

Name of spouse and any children: _____

Occupation of nominee: _____

Nominee's Career history:

Nominee's contributions and accomplishments in the community:

Organizations 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 (*your name*): _____ 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 completed form by **5 p.m. on Friday, December 18, 2020**. Salida Chamber of Commerce 406 W Hwy 50 Salida, CO 81201
Fax: (719) 539-7844 Phone: (719) 539-2068