

Date _____

WAYNE COUNTY AREA CHAMBER OF COMMERCE Annual Awards Nomination Form

Name of Nominee (Individual, Firm or Organization)
Nominee Contact Person (if Firm or Organization)
CATEGORY OF NOMINATION: O BOB ROSA BUY LOCAL AWARD O ART VIVIAN DISTINGUISHED COMMUNITY LEADER O EDUCATOR OF THE YEAR O PARTNERSHIP IN EDUCATION O CORPORATION OF THE YEAR O ACHIEVEMENT OF EXCELLENCE, LARGE BUSINESS O ACHIEVEMENT OF EXCELLENCE, SMALL BUSINESS O ACHIEVEMENT OF EXCELLENCE, NON PROFIT O EMERGENCY SERVICES PROFESSIONAL OF THE YEAR O OUTSTANDING SERVICE TO AGRICULTURE Please give a brief description of the eligibility and accomplishments of the nominee for the award specified above. Attach additional pages as peopled.
award specified above. Attach additional pages as needed.
Person nominatingPhone
(if other than nominee above)
Signature Date

Please return your nominations by November 15. Thank you.

Please send your information to:

WAYNE COUNTY AREA CHAMBER OF COMMERCE 33 South 7th Street, Suite 2, Richmond, IN 47374 Email to: melissa@wcareachamber.org