

# Champions for Literacy NOMINATION FORM



Name of Individual(s), Service Group or Business: \_\_\_\_\_

Nominee(s) Contact Information: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Brief summary of why this individual(s), service group or business has been nominated:

---

---

---

---

---

---

---

---

---

---

Nominated by: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

*CBAL representatives complete below information:*

*Approved by:* \_\_\_\_\_

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_

