

CHAMPION FOR YOUTH NOMINATION FORM

Entry Deadline: October 24, 2015

Tell us about yourself:	
Name:	-
Email:	_
Phone Number:	<u></u>
About your Nominee	
First Name:	
Last Name:	
Coach or Student:	_
Mailing Address:	
Phone Number:	
Date of Birth:	-
Email Address:	_
Nominee Parent or Guardian: (please provide if y	our nominee is a student)
Nominee Parent or Guardian Name:	
Nominee Parent or Guardian Email:	
Nominee Parent or Guardian Phone Number:	

Please describe in 250 words or less, why the coach/teacher or student should be considered for this award:	
This form can be downloaded from our website CRWIFD organd forwarded to either:	

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Wallingford Youth and Social Services Office, 9AM- 5PM (Mon.- Fri.) 5 Fairfield Blvd., Wallingford, CT 06492 or mailed to

Coalition for a Better Wallingford, 21 Pleasant St., Wallingford, Ct 06492