

CASHA ADULT & JUVENILE SPORTSMAN OF THE YEAR NOMINATION FORM

PLEASE CLEARLY PRINT ALL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ (IN CASE OF QUESTIONS REGARDING YOUR NOMINATION)

NAME OF PERSON NOMINATED: _____

NOMINATED FOR: **ADULT** OR **JUVENILE** (CIRCLE ONE)

REASON FOR NOMINATION: _____

SIGNATURE OF NOMINEE: _____

USE THE BACK OF THIS FORM IF NECESSARY