GEM Award

Nomination Form

Nominee name: _____

PTA where nominee is a member: _____

Name of person/persons submitting nomination: _____

Nominating person's PTA Position: _____

Nominating person's contact E-mail/phone: _____

Brief Description of how the nominee "Goes the Extra Mile" for PTA:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please return completed form to ***Jennifer Broddle*** *at* ***jbroddle@ccccptas.org***