

## Nomination Form

I wish to nominate the following individual to the NCPTA Hall of Fame:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Was this individual nominated in a previous year?

If the nominee was nominated in a previous year, the file can be reactivated and only additional supporting material need be submitted by the deadline.

Nominator's Name \_\_\_\_\_

Nominator's Mailing Address \_\_\_\_\_

Nominator's City, State ZIP \_\_\_\_\_

Nominator's Telephone Number (include area code) \_\_\_\_\_

Nominator's Signature \_\_\_\_\_

**This nomination form, along with appropriate attachments, must be completed and returned no later than February 28<sup>th</sup> to:**

NCPTA Harold Laflin

74 Washington Avenue

Asheville, NC 28804