



Post Falls
Mayor's Youth Awards
Commission

www.postfallsidaho.org/commissions

NOMINATION FORM

Information about the Individual Nominee

Name _____
Address _____
City _____ State _____ Zip _____
Day Phone _____ Evening/Cell phone _____
School (if applicable) _____

OR

Information about the Group Nominee

(List name, address, city, zip, phone and school of ALL group members—use additional pages if necessary)

Age Category (check one)

5-7 8-11 12-14 15-18

List two other individuals who know of your nominee's (nominees') accomplishments
(Only one may be a relative.)

Name _____
Address _____
City _____ State _____ Zip _____
Day Phone _____ Evening/Cell phone _____

Name _____
Address _____
City _____ State _____ Zip _____
Day Phone _____ Evening/Cell phone _____

