

# “BEST OF THE BEST”

~ Nomination Form ~

*(Please include this form along with the other required documents.)*

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

County in which nominee is a member of: \_\_\_\_\_

\_\_\_\_\_

Name of FCE Club nominee is a member of: \_\_\_\_\_

\_\_\_\_\_

Name of individual/group submitting nomination: \_\_\_\_\_

\_\_\_\_\_

Date nomination submitted: \_\_\_\_\_

\_\_\_\_\_

Signature of County VP of Public Policy or County Council President

\_\_\_\_\_

Signature of Region Vice President of Public Policy or Chairperson

\_\_\_\_\_

Signature of TAFCE Vice President of Public Policy

*Revised: August 2008*

County Due Date: \_\_\_\_\_

Region Due Date: \_\_\_\_\_  
to VP for Public Policy or Chairperson

State Due Date: **August 1**  
to VP for Public Policy