

“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