

3. NOMINATORS (3 peer, 2 teachers, and 1 other person who is not a relative)

Name:		
Telephone (home):	Telephone (cell):	Email:
Relationship to Nominee:		Signature of Nominator:

Name:		
Telephone (home):	Telephone (cell):	Email:
Relationship to Nominee:		Signature of Nominator:

Name:		
Telephone (home):	Telephone (cell):	Email:
Relationship to Nominee:		Signature of Nominator:

Name:		
Telephone (home):	Telephone (cell):	Email:
Relationship to Nominee:		Signature of Nominator:

Name:		
Telephone (home):	Telephone (cell):	Email:
Relationship to Nominee:		Signature of Nominator:

Name:		
Telephone (home):	Telephone (cell):	Email:
Relationship to Nominee:		Signature of Nominator:

Please submit nominations by 4:30 p.m. on May 31, 2024 to:

**District of Chetwynd
5400 Hospital Road, P.O. Box 357
Chetwynd, BC V0C 1J0
Fax: 250-401-4101
Email: hr@gochetwynd.com**