



### 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 29, 2026, to:**

**District of Chetwynd  
5400 Hospital Road, P.O. Box 357  
Chetwynd, BC V0C 1J0  
Fax: 250-401-4101  
Email: [DEnnis@gochetwynd.com](mailto:DEnnis@gochetwynd.com)**