

Nomination Form

Please note: A separate form must be completed for each category.

Nominator's Information

(Person submitting nomination — please print)

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

Nominee's Information

(Person/Business being nominated)

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

Complete Nominations Must Include:

- Completed Nomination Form
- Reasons for nomination (attach separate page)
- Brief description and/or history of business (attach separate page)

Nominations can be returned to:

Mail: Hayward Area Chamber of Commerce
PO Box 726

Hayward, WI 54843

Email: robyn@haywardareachamber.com