

SALEM DAYS

“Family of the Year Award”

NOMINATION FORM

Name of Father _____ Age _____

Name of Mother _____ Age _____
(full name including maiden name)

Address _____ Phone: _____

Street, City _____ Zip: _____

Children's Names	Ages
------------------	------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Person nominating family

Name _____

Address _____ Phone: _____

City: _____ Zip: _____

Date: _____