

SUPPORT PERSON OF THE YEAR

Your Name: _____

Address: _____

Organization/Chapter: _____

E-Mail/Phone # _____

CRITERIA FOR NOMINATION

1. Must be nominated by a WSAAP Chapter, Facility or Activity Professional in good standing.
2. Number of years of experience.
3. Outstanding achievements.
4. Community involvement (past & present).
5. Support of WSAAP and Local Chapter.
6. Any other letters of support.
7. What makes this person a good Administrator of the Year?

Name of Nominee: _____

Organization/Chapter: _____

Statement: (or attach letter)

NOMINATION DEADLINE

July 30, 2010

PLEASE RETURN TO:

Linda Flater

Ridgemont Terrace

2051 Pottery Ave.

Port Orchard, WA 98366

Or Fax to: 360-876-6170