Award Nomination Form

Award Title: _____

The following nomination is being submitted by: _____

Date_____

Nominee Name: _____ Title: _____

Organization_____ E-Mail Address: _____

Address: _____

Work phone: _____ Home Phone: _____

☐ ACA Member (Years of Membership _____) ☐ ACA Retired Member ☐ Non ACA Member

Present Affiliation_____

Past Affiliation_____

Why should this person receive this award? Please include achievements that meet award criteria, ACA New Jersey and/or ACA National involvement, responsibilities or achievements.

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Return to: Mary Ellen Folsom, New Jersey ACA Executive Director, P.O. Box 672, Pittstown, NJ 08867 Phone/fax 908-238-9900 E-mail: Executive@ACAcampsnj.org