



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 Support Person of the Year?

Name of Nominee: _____

Organization/ Chapter: _____

Statement: (or attach letter)

NOMINATION DEADLINE:

August 16, 2013

PLEASE RETURN TO:

Sandi Smith

P.O. Box 368

Odessa, WA 99159