## NOMINATION FORM

## **Deadline: March 21, 2008** Please print or type.

Candidate:

Last Name	First Name	Middle Initial	Nickname
Address	City	State	Zip Code
How long have you kno	wn the candidate?		
In what capacity have y	ou known the candidate?		
Why do you feel this ca	ndidate has potential as a Lion le	eader?	
How could this candida	te benefit from a Lion's Leadersl	nip Institute?	
Nominator:			
Last Name	First Name	Middle Initial	Nickname

Address	City	State Zip	
Residence Phone	Business Phone	Fax Number	
E-Mail address	Club Name	District Number	
Signature		Mail to: Lion Dr. Beverly A. Roberts, PID Institute Coordinator	
		4748 Fulcher Road	
Lion Title		Hephzibah, GA 30815 galionbar@aol.com FAX: 706-592-2982	