



2017 BAPPOA AWARDS NOMINATION FORM

Nominee's Name: _____

Current Position/Title: _____

Number of seasons/years nominee has worked for their agency: _____

Agency: _____ Address: _____

Approximate population served by agency: _____

Please indicate for which award you are nominating this person:

- Outstanding Service* *Outstanding Program* *Outstanding Pool Maintenance*
 Professional Achievement *Lifetime Achievement* *"Young Professional" Award*

Directions to the Nominator: Please describe why this person deserves the award. Please be as specific as possible. For Professional Award Nominations, please address each aspect of the applicable criteria. Use additional space/attach additional sheets as necessary.

Nominator's Name: _____

Daytime phone: _____ Business Fax: _____

Email Address: _____

Nominator's Signature: _____ Date: _____

If submitting this form electronically, check here to indicate that the information contained in this form is true and accurate to the best of your knowledge.