

HANNIBAL ARTS COUNCIL
BOARD OF DIRECTORS
NOMINATION FORM

NOMINEE:

NAME: _____

EMPLOYER & TITLE: _____

ADDRESS: _____

PHONE:(_____)_____ E-MAIL: _____

PLEASE DESCRIBE SKILLS AND TALENTS OF THE NOMINEE:

WHY ARE YOU RECOMMENDING THIS PERSON:

PERSON SUBMITTING NAME: _____

DATE: _____