



## Professional Staff Camper of the Year Nomination Form

Name: \_\_\_\_\_  
Nominee's  
Address: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Nominee's

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I nominate this person as Professional Staff Camper of the Year because:

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed nomination form to:

Susan Bonaparte

P.O. Box 6006

Pasadena, CA 91102

Email: [sbonaparte@cal-pac.org](mailto:sbonaparte@cal-pac.org)

Fax: (626) 568-7331

Due: March 1, 2010

