

Community Christian School of Baraboo Nomination Form

Nominator: Please complete this form by October 1st and submit to the school office.

| Nominator: | Nominee: | |
|----------------------------------|-----------------------|-------------|
| Nominator Email: | Nominator Cell Phone: | |
| How long have you known the | nominated individual: | |
| What, if any, is his/her connect | tion with CCS: | |
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| Why do you think he/she should | | |
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| Signature of Nominator | | Date Signed |