BENTON COUNTY 4-H LEADERS ASSOCIATION
DISTINGUISHED SERVICE AWARD
*Nomination Form*

**NOMINEE:** (Give complete Name, Address, phone Number of individual, organization, etc. of the nominee - cannot be a current 4-H Leader or Member)

Name: _____________________________________________________________________________
Complete Mailing Address: _____________________________________________________________________________
Phone number: ______________________ E-Mail: ____________________________________

**SUMMARY OF NOMINEE’S CONTRIBUTIONS TO BENTON COUNTY 4-H:**
(Indicate types of support provided and give length of their service to 4-H)

**SUBMITTED BY:**
Name _____________________________________________ Phone ___________________________
Address ___________________________________________ _________________________________
City ____________________________________ State _________ Zip _________________________
Email _____________________________________________ _________________________________

DATE SUBMITTED ____________________________ STAFF INITIALS _________________________

**RETURN BY:** **MONDAY, OCTOBER 9TH, 2017**