

CAPA Our Pack Nomination Form

This award will be presented in recognition of outstanding contributions to the field of activities locally, statewide and nationally. The Our Pack award is meant for anyone who meets this criterion regardless of occupation.

Name of Nominee _____

Address _____

Length of CAPA membership (minimum of 25 years) _____

CONTRIBUTIONS

CAPA _____

NAAP _____

TEACHING, WRITING, EDUCATING _____

MENTORING (Give specific examples of assistance to others) _____

SPECIAL PROJECTS (to promote the profession of activities) _____

Education and Life Experience

Number of years in the activities profession? _____

Educational Background (include workshops and seminars) _____

The Nominator will be responsible for securing the following letters of recommendation:

1. 1-5 letters from fellow professionals, employers, clients, community leaders, etc
2. 1-5 letter from persons who feel the nominee gave them support and/or inspiration in their career.
3. Letter from the nominator.

Nominated by _____ Phone Number _____

Email _____

The initial nomination may be sent electronically, but the original copies of the SIGNED letters must be mailed no more than five (5) days following the nomination. If the letters are not signed and all required documentation is not provided, the nomination will be void and not considered for the award.

Nominator must mail all letters of recommendation and the Nomination form together **NO LATER THAN** May 1, 2016 in one package to: Susan Whytock, 3600 E. 88th Ave. #16, Thornton, CO 80229