

NATIONAL YOUTH SERVICE DAY
NOMINATION FORM

Please provide the following information:

Name: _____

Address: _____

Phone: _____

School: _____

Grade: _____ Age: _____

Explanation of activity and/or service(s) provided by the nominee:

(Feel free to add any comments on the back of this page).

Name of nominator: _____

Address: _____

Phone: (H) _____ (W): _____

Return to: Melissa Burton
Torrington Area Youth Service Bureau
P.O. Box 204, Torrington, CT 06790
Phone: (860) 496-0356 ext. 5 Fax: (860) 482-3084
E-mail: melissataysb@snet.net