

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: Brooke Fairbanks, Assistant Director
Torrington Area Youth Service Bureau
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Torrington, CT 06790
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E-mail: brooketaysb@yahoo.com