



### SLA AWARD NOMINATION FORM

#### SPONSOR OF THE YEAR

This award is presented to an individual person, non-profit, or corporate company that has helped promote and support programs, events, and leagues of the game of lacrosse at the local or provincial level.

#### NOMINEE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Association: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### NOMINATED BY

Association: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Please attach a description (on a separate sheet of paper) on why this nominee should receive this award. (Achievements, personal attributes, etc.)

