2025 Night of Rock Stars Nomination Form

| Name: | |
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| | |
| Nominee Diagnosis: | |
| Nominator Information: Name: | HTOF |
| Relationship to Nominee: | 9/ |
| Parent/Guardian Information: | |
| Name(s): | |
| Phone Number(s): | |
| Mailing Address: Street: | |
| City:State | Zip/Postal Code: |
| Email Address(es): | |
| and where they excel, including academics, sports, v | hy of the nominee that includes a story of the child volunteering, overcoming odds, etc. This information of Rock Stars event. Please limit your response to no |
| Photo Release: I hereby grant permission for the N photo for promotional purposes related to the even | Night of Rock Stars organizers to use the nominee's t. |
| Availability: All nominees must be available on Octob | per 24 th , 2025, to attend the Night of Rock Stars event. |
| Submission Deadline: All nomination forms must be forms must be received on or before July 15 th , 2025 | complete and include a recent photo. All nomination . |
| By submitting this form, I certify that the information my knowledge. | on provided is accurate and complete to the best of |
| Parent/Guardian Signature: | Nate: |