

NOMINATION FOR THE “BOBBY WILLIAMS MEMORIAL AWARD”

Name: _____

ClownName: _____

The above named individual is nominated for the “Bobby Williams Memorial Award” by:

(Alley name or individual). _____

(Please list qualifications and contributions in 150 words or less)

-

Please send us your contact information:

Name: _____

Address: _____

City _____ State: _____ Zipcode _____

Phone # _____

Email: _____

Please submit completed nomination form and include picture if available to:

Esther Lane
6625 County Road 17
Sebring, Fl. 33876