



Excalibur Nomination Form

Additional comments and supporting documentation may be included on supplemental pages, if necessary. You may reproduce this form. In order to be considered for judging, form must be legible.

Nomination Forms due Friday, November 9th at 5PM.

Completed forms can be mailed or delivered to:
Mkt. Dev., Rockford Register Star, 99 E. State St., Rockford, IL 61104

I would like to nominate: _____
(Last Name) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Business Address: _____
(Number and Street) (City) (State) (Zip)

Phone Numbers: _____
(Home) (Business)

Occupation, profession or title: _____

Company associated with: _____

Overall impact on community: _____

Major constructive achievements:

Date	Achievements
_____	_____
_____	_____
_____	_____

Public offices and volunteer activities:

Date	Office/Activity
_____	_____
_____	_____
_____	_____

Membership in religious, fraternal, business or social groups and offices held:

Date	Association
_____	_____
_____	_____
_____	_____

Other: _____

Nominator name: _____

Address: _____

Phone Numbers: _____
(Home) (Business)