Rock County Hall of Honor Nomination Form

NOMINATING INFORMATION MUST BE SUBMITTED ON THIS FORM. Failure to complete this form will result in the nomination being returned.

NAME OF NOMINEE: _____

ADDRESS: _____

_____

TELEPHONE: _____

SIGNIFICANT CONTRIBUTIONS TO ROCK COUNTY AND ITS PEOPLE:

VOLUNTEER: _____

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LEADERSHIP:_____

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ENTREPRENEURIAL: _____

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OTHER CONTRIBUTIONS: _____

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BRIEF STATEMENT: _____

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NOMINATOR NAME: _____

ADDRESS: _____

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TELEPHONE: **Home**:_____ **Work**:_____

<u>Deadline: Friday April 5, 2019 at 5 P.M</u>. Please return the completed form to: County Board Chair, 51 S. Main Street, Janesville, WI 53545.