L.A.W.K...

...Ladies Armed With Knowledge

2010 Summer Retreat Nomination Form

Nominator's Name _____Relationship to Nominee_____

Contact Information Phone/ Email_____

TELL US ABOUT YOUR NOMINEE:

Nominee Name_____ Nominee Age_____

Nominee Contact Information _____

Why do you think this would be a great experience for the nominee: *(Please Explain Below)*

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****Agreement****

Your signature below certifies that all you have stated that the above is accurate and not falsified.

Signature of Nominator_____ Date_____

Please Return to Our Office by Wednesday, June 2nd, 2010 at 3:30pm

L.A.W.K.
Chandra Cleveland, President

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