

**Healthy Marshalltown
presents**

**An Evening
with
Marshalltown
Champions**

**Thursday,
October 9, 2003**

**Marshalltown
Community Auditorium
(Senior High School)
1602 South 2nd Avenue
Marshalltown, IA.**

**Deadline for Nominations is Sept. 10, 2003
All nominees will be recognized.
Send nominations to:
Healthy Marshalltown
PO Box 1000
Marshalltown, IA 50158**

Would you like to help identify Marshalltown Citizens who have made our community a better place to work and live?

Is there someone special who has worked to make our Community special?

Do you have a friend or co-worker who knows the true meaning of a Championship Performance?

As part of Marshalltown's Sesquicentennial Celebration, Healthy Marshalltown will present an "Evening with Marshalltown Champions." We want to recognize individuals (both current and past) who have made a significant contribution to our community, while exemplifying the qualities and characteristics associated with the 40 Developmental assets - integrity, dependability, sense of community and commitment to youth.

The Marshalltown Champions must have demonstrated their commitment to these values through volunteerism and community involvement.

Information to include with your nomination form*:



Leadership Positions

** Attach supplemental materials to nomination form*

TIPS:

- Be specific and concise
- Assume judges know nothing about the nominee. Write your nominations as if you were talking to a stranger.
- Please attach photographs, letters, newspaper articles, or any supplementary materials that will help illustrate the qualifications of your nominee.

Nomination Form *

Name: _____
 Citizen of the Year
 Man of the Year
 Woman of the Year
 Marshalltown Youth of the Year
 Lifetime Achievement

Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone #: _____
 Work Phone #: _____

** Attach supplemental materials- see reverse*

References

References must be objective sources who are not related to the nominee.

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone #: _____
 Work Phone #: _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone #: _____
 Work Phone #: _____

Nomination Submitted by: _____
 Mailing Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone #: _____
 Work Phone It: _____

Signature _____