

HANDS OF CHRIST NOMINATION FORM

CLASS OF 2010

(PAPER FORMS TO BE KEPT ON FILE AT PARISH)

Senior's Name (To appear on the plaque): _____

Address: _____ Phone: (____) _____

City: _____ Zip: _____

Parish: _____ Location: _____

School: _____

Nominator's Name: _____ Day Phone: (____) _____

Signature of Nominator: _____ *Date:* _____

Signature of Pastoral Leader: _____ *Date:* _____

Please indicate why this person is nominated to receive this award:

Please Attach the Following Fee with All Signed Forms:

If Faxed/Received by January 18.....\$20 If Received After January 18.....\$27
If plaque must be mailed to recipient.....Add \$ 3

Make Checks Payable to the Diocese of Rochester and Mail or FAX to:

HANDS OF CHRIST † Attn.: Youth Ministry Office

1150 Buffalo Road † Rochester, NY 14624

FAX: 585-328-3149