



AWARDS NOMINATION FORM

MACTA MEMBER NAME: _____

Date: _____ School: _____

Address: _____

City: _____ State _____ Zip: _____

Telephone: () - - Fax: () - - Email: _____

Nominee Information:

Name: _____

School Employee: _____

Business or School Name: _____

Address: _____

City: _____ State _____ Zip: _____

Telephone: () - - Fax: () - - Email: _____

CATEGORY:

- Educator
- Partner
- Advisory Member
- Administrator (Spring Only)

Nomination Rationale: Attach one (1) typed page per nominee.

Jean Rakun

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Wayzata High School

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Plymouth, MN 55446-1600