

**2019 Veteran Of The Year Nomination**

1. Nominee's Name: \_\_\_\_\_

2. Hat Size: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Post Name & Number: \_\_\_\_\_

4. Post Phone Number: \_\_\_\_\_

4. Office(s) held: (Assignments of Nominee in the Post/District) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Nomination Officer of the Post/District: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Post Chairman Signature (If applicable): \_\_\_\_\_ Post \_\_\_\_\_

District Chairman Signature: \_\_\_\_\_ District \_\_\_\_\_

**Please submit this form along with any supporting documentation to:**

**Jim Daly  
5213 Pacific Hwy E  
Fife, WA 98424  
360-581-5153  
jdaly0609@gmail.com**