Christian Church in Illinois and Wisconsin
Regional Youth Council Nomination Form

I would like to nominate the following person for consideration to the CCIW Regional Youth Council. You may nominate not more than two individuals. (Please provide a separate form for each person nominated.) This form must be signed to be a valid nomination.

Nominee's Information:

Name _____

Mailing Address_____

City _____ State _____ Zipcode _____

Grade_____ Birthdate _____ Age____ Email _____

Phone: (_____)_____ Type: Home Cell

Congregation_____

Position(s) in Local Congregation_____

Please indicate your reason(s) for nominating the above person:

Your position(s) in the local church _____

Mailing Address_____ City_____

State_____ Zipcode _____Email _____

Phone(_____)_____ Type: Home Office Cell

Your Signature_____ Date_____

Please return this form by: April 1, 2014

To: The Christian Church in Illinois and Wisconsin
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Attn: Terri Grove
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