

WDTSEA "HALL OF FAME"

Nomination Form

Name of Candidate - _____ Phone # _____

Email - _____.

Years a member of WDTSEA _____.

Years teaching, working in the field of Traffic Safety Education. _____.

Places of employment: _____.

Why do you feel this individual is deserving of this award?

Special Accomplishments or Awards earned -

Ever serve as a WDTSEA Board Member? _____. What position held? _____

Other additional information?

*Person nominating this individual: _____

*Your phone # _____ Your email _____.

**Submit to WDTSEA President no later than January 15 at info@wdtsea.org

