



OSER-ROTH & FRIENDS FEST INC. 2018 ANGEL NOMINATION FORM



ALL NOMINATIONS MUST BE SUBMITTED BY JANUARY 31, 2018
Preferred method of submission is via email to info@oserrothfest.com

Nominee's Name: _____

Nominee's Age: _____ Nominee's Sex: _____ Nominee's School Grade: _____

Nominee's School Name: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Parent's Email: _____

Name of Nominator: _____ Relationship to Nominee: _____

Phone: _____ Email: _____

Please list the medical diagnosis this nominee has. Please list only those that are causing continual difficulties for the nominee.

	Medical Diagnosis	Est. Date of Diagnosis	Prognosis
Diagnosis 1			
Diagnosis 2			
Diagnosis 3			
Diagnosis 4			
Diagnosis 5			

Please provide a brief biography for the nominee. Use an additional piece of paper if necessary



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Why should nominee be an Angel at this year's Oser-Roth & Friends Fest?

Are the parents aware their child is being nominated? _____

SUBMIT FORM BY CLICKING HERE

Depending on your mail service provider, you may need to save file and send file as an attachment separately:

FOR OSER-ROTH & FRIENDS USE

Date Nomination Received: _____

Nomination Received
Via:

- Email
- U.S. Mail
- Hand Carried

Was the Nominee made an Angel? _____

ORFF NOTES