

2019 NIGHT OF SUPERSTARS NOMINATION FORM

BEFORE SUBMITTING THIS FORM, PLEASE NOTE THE FOLLOWING:

- ALL nominees must be available Feb. 16, 2019 to attend the Night of Superstars event
ALL nomination forms MUST be complete and include a recent photo
ALL nomination forms must be received before October 31, 2018 deadline

Nominee: _____ Age: _____

SEX: (circle one) M F if female, please indicate dress size (children's or women's) _____

NOMINEE'S DIAGNOSIS: (cancer, spina bifida, cerebral palsy, etc.) _____

YOUR Name & RELATIONSHIP TO NOMINEE: (teacher, therapist, family, etc.) _____

NAME OF PARENTS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

BIOGRAPHY OF APPLICANT: Please include areas where the nominee excels (academics, athletics, community service, etc.) and any notable achievements. Although we believe all children affected by disabling conditions deserve special recognition, our nomination committee selects children who overcome their adversities in extraordinary ways.

For questions or more information, please contact
Diana Melton (314) 803-9152 or Jolene Blecha (314) 714-7239