Nomination Form

American Baptist Youth Cabinet

PLEASE PRINT IN DARK INK OR TYPE

1. NOMINEE INFORMATION

NAME _____ AGE _____ CURRENT GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE ( ) _____ E-MAIL _____

CHURCH _____ ASSOCIATION _____

SCHOOL _____

2. NOMINATION

Using the space below, explain why you are recommending this person for the ABY Cabinet. Be as specific as possible, giving reasons you consider this person qualified to serve on Cabinet.

_____

_____

_____

_____

_____

SIGNATURE OF NOMINATOR _____

CONTACT INFORMATION _____

RELATION TO NOMINEE (Pastor, Youth Advisor, Church Officer, Teacher, Etc.) _____

Mail this form to: Jillene Narraway
P.O. Box 109
Sandusky, NY 14133

OR

Return to the information table at convention.