LOCAL LEADER

Nomination Form



YOUR INFORMATION			
Your Name		City	State
Phone:	Email:		
NOMINEE INFORMATION			
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Name of Nominee		City	State
Phone:	Email:		
Name of Club, Organization, and/or Company:			
Please fill in as many links as you can.			
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QUESTIONNAIRE			
How do you know the above nominee?			
How has the above nominee influenced the local or national offroad community?			
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Why do you believe the above nominee should be listed as a Local Leader on Ladies Offroad Network?			
Email your completed nomination form to winning@bowermedia.com			

Thank you for nominating your local leader! If your nominee is chosen to be listed on Ladies Offroad Network, we will contact her for further information.