

MR/MS CLEARWATER 2024 AWARD NOMINATION FORM

Name:		
Company:		
Address:		
Home Phone:		
Spouse's Name:		
Number of years living/working in	n Clearwater:	
Current or prior activities in the f	following non-profit organizations:	
City of Clearwater involvement:		
Specific accomplishments that h	ave benefited Clearwater:	
Other accomplishments (civic, ca	areer awards and recognition):	
Why do you feel this person sho	uld be named Mr/Ms Clearwater?	
Nominated by:	Phone:	
	n no later than WEDNESDAY, JANUAR	(10, 2024 to:
	Mr/Ms Clearwater Nomination	

Attn: Amanda Payne, President/CEO AMPLIFY Clearwater 1346 S Ft Harrison Ave Clearwater, FL 33756 Email: <u>amanda@amplifyclearwater.com</u>

Questions, contact Amanda at 727-461-0011