

Dr. Andrew Naumoff Healthy Habits Champion Award

NOMINEE INFORMATION *(All lines required)*

Name: _____

Address, City, Zip: _____

Phone: _____

Please choose two of the following:

Describe how your nominee has demonstrated a personal devotion to their own health and wellness:

Describe how your nominee has had a positive impact health and wellness of the Orrville community:

Describe how your nominee has personally or publically tried to enhance the quality of life in the Orrville community:

*Use additional sheets of paper as necessary.
Please clearly print or type your answers so the committee can read your responses.*