

# 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:

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

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

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