

**FLEET RESERVE ASSOCIATION
NOMINATING FORM FOR YOUTH ACTIVITIES SHIPMATE OF THE YEAR**

Region: _____ Branch No. & Name _____ Group: _____

The following Shipmate has been nominated for consideration as Youth Activities Shipmate of the Year:

NAME: _____ Membership No. _____
 Last First Middle

A. Activities in which the Shipmate participated.

B. The average number of hours contributed in each youth activity.

C. Personal monetary contributions (if applicable)

D. Additional information that may be useful in making this selection.

Branch Chairman

Branch President