



## Cubby Hero Nomination Form

Name of person filling out application: \_\_\_\_\_ Date Filled: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Name of child applying for: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Why would you like to see this child nominated?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

*(For administrative purposes only)*

Accepted

Month/Year

Comments:

Denied

Signature

Date

\_\_\_\_\_  
*Cindy AP Johnson, President*

\_\_\_\_\_

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