



**Application for ariZoni Theatre Awards of
Excellence Outstanding Contribution Award**

Name of individual making the nomination:

Address: _____

City _____ Zip _____

Phone Numbers: _____

Email address: _____

Name of person being **nominated** for the award: _____

Contact information (include phone number and address) _____

Name of Theatre(s) the nominee is associated with: _____

Narrative about the nominee: (must include background of the individual, and why you believe this person is deserving of the award – please use the space provided below and on the back side of this application.)

Deadline for application is August 15, 2009

Mail Completed Application to:

**ariZoni Theatre Awards of Excellence,
Awards Committee, Atten: Karen Rolston, 6640 East Tonto, Mesa, AZ
85205**



THEATRE AWARDS OF EXCELLENCE

**Application for ariZoni Theatre Awards of
Excellence Distinguished Service Award**

Name of individual making the nomination _____
Address: _____ City _____ Zip _____
Phone Numbers: _____

Email address: _____

Name of Person or Organization being Nominated for the award: _____

Contact information (include Person to contact, phone number and
address) _____

Name of Theatre(s) nominee is associated with or has helped _____

Narrative about the nominee: (Must include background of the individual or organization, and why you believe this person or organization is deserving of the award – please use the space provided below and on the reverse side of this application.)

Deadline for application if August 15, 2009

Send completed Application to:

**ariZoni Theatre Awards of Excellence, Awards Committee, Atten:
Karen Rolston, Chair, 6640 East Tonto, Mesa, AZ 85205**