

**2017 LEADERSHIP RETREAT
FOR AFRICAN AMERICAN AND NATIVE AMERICAN YOUTH MINISTERS
NOMINATION FORM**

Name of Nominee: _____ Age: _____

Nominee's Contact Information (email address, cell phone number): _____

Arch/diocese: _____

Parish: _____

Youth Ministry Leadership Experience: _____

Nominator's Name and Title: _____

Signature: _____ Date: _____