

**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: \_\_\_\_\_

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Nominator's Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_