**PROGRESSIVE LASERTOMA OF THE YEAR AWARD**

MEMBER’S NAME:

RECOMMENDING LASERTOMA CLUB:

REGION:

DESCRIBE THREE OUTSTANDING ACHIEVEMENTS OF THE IMMEDIATE PAST CLUB YEAR: (70%)

PLEASE CONTINUE ON REVERSE SIDE.

PAST ACHIEVEMENTS:(30%)

CLUB INVOLVEMENT AND LASERTOMA LEADERSHIP:

DESCRIBE MEMBER'S FUNDRAISING AND SPONSORSHIP ACTIVITIES:

COMMUNITY INVOLVEMENT OTHER THAN LASERTOMA AFFILIATED:

NOTE: ANY ATTACHMENTS WILL DISQUALIFY THE ENTRY

CERTIFIED BY:

Club President for Regional Consideration

International Director for International Consideration

Note: Form must be completed in English. Form must be postmarked/date stamped at each level of consideration, to the appropriate committee chairman. For International consideration, the application must be postmarked/date stamped by the International Director to the International Chairman by June 1.