**EVA Awards Application Form**

**Date of Application/Nomination:** Click or tap to enter a date.

**Nominee Name:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Postal Code:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Website:** Click or tap here to enter text.

**Nominator Name:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**I have obtained the permission of the nominee to put forward this nomination.**

[ ]  **Yes**

[ ]  **No**

**This is an application for:**

[ ]  **The Endurance Award**

[ ]  **The Milestone Award**

[ ]  **The Emerging Artist Award**

[ ]  **The Mary MacDonald Award**

[ ]  **The Critical Eye Award**

**Please provide a paragraph stating the reasons for the nomination:** Click or tap here to enter text.