

SKAGIT VALLEY CHAPTER
Washington State Music Teachers Association

**CHURCH MUSICIANSHIP AWARD
NOMINATING FORM**

1. Student's name: _____

Name of church: _____

Activity being recognized and length of service: _____

2. Student's name: _____

Name of church: _____

Activity being recognized and length of service: _____

3. Student's name: _____

Name of church: _____

Activity being recognized and length of service: _____

WSMTA Teacher Information:

Print Name: _____ Phone: _____

WSMTA Teacher Signature

Date