

2021 ANGEL NOMINATION FORM



ALL NOMINATIONS MUST BE SUBMITTED BY FEBRUARY 5, 2021

Preferred method of submission is via email. Please send to: info@oserrothfest.com
Nominees should be 4 years old and no older than 18 as of July 31, 2021

Nominee's Name: _____

Age: _____ DOB: _____ Nominee's Sex: Male Female Grade: _____

Nominee's School Name: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Parent's Email: _____

Name of Nominator: _____ Relationship to Nominee: _____

Phone: _____ Email: _____

Please list the medical diagnosis this nominee has. Please list only those that are causing continual difficulties for the nominee.

Medical Diagnosis		Est. Date of Diagnosis	Prognosis (chronic, acute, terminal)
Diagnosis 1			
Diagnosis 2			
Diagnosis 3			
Diagnosis 4			
Diagnosis 5			

Please provide a brief biography for the nominee. Use an additional piece of paper if necessary

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Please provide us a brief description of the typical day or difficulty this child faces in their daily lives due to their illness/medical description. Use an additional piece of paper if necessary.

Why should nominee be an Angel at this year's Oser-Roth & Friends Fest?

Are the parents aware their child is being nominated? _____

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Submit form to: info@oserrothfest.com

FOR OSER-ROTH & FRIENDS USE

Date Nomination Received: _____

Nomination
Received Via:

- Email
- U.S. Mail
- Hand Carried

Was the Nominee made an Angel? _____

ORFF NOTES