NEFAR Charitable Nominee Information Form

Please provide the information below about your Champion of the Year nominee.
Self-nominations are welcome.

1. Nominee First Name_____

2. Nominee Last Name _____

3. Candidate City _____, Florida.

4. Event: North Florida Champion of the Year Campaign and Gala event

5. Does this person know you are nominating them as a Champion of the Year candidate?

_____ Yes, they know I am nominating them as a Champion of the Year candidate.

_____ No, they do not know I am nominating them as a Champion of the Year candidate.

_____ I am not sure if they know.

6. Why are you nominating this person? _____
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7. Nominee Cell Phone _____

8. Nominee Email _____

NOTE: NEFAR Charitable will make a NEFAR Champion Candidate recommendation to Best Buddies from the entries received by September 30, 2026. **Please email this nominee form to Nominating@NEFAR.com**