



# BACK TO SCHOOL BACKPACK DRIVE

## *Nomination Form*

Name of Nominated Family: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Family's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Family's day phone #: \_\_\_\_\_ Family's Night phone #: \_\_\_\_\_

Name of Submitter: \_\_\_\_\_

Submitter day phone #: \_\_\_\_\_ Submitter Night phone #: \_\_\_\_\_

The Children:  
Please fill out the following information:

Name's:	Grade Entering:	Favorite Colors/Characters:
1. _____	_____	_____
2. . _____	_____	_____
3. . _____	_____	_____
4. . _____	_____	_____
5. . _____	_____	_____
6. . _____	_____	_____

Tell us a little about this family:

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# \_\_\_\_\_

Email form to [morningshow@kuzz.com](mailto:morningshow@kuzz.com), fax to 661-328-7503, or drop off at 3223 Sillect ave