

The Sacramento Bee

BOOK OF DREAMS NOMINATION FORM

Thank you for completing this application to nominate an individual or organization
for selection in The Sacramento Bee's *Book of Dreams*
(DEADLINE is August 16, 2002)

Date _____

Your Name _____

Title/Organization _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Complete the following information, use additional sheets if necessary.

Please note, The Book of Dreams will not be able to provide vehicles, trips, housing, staffing or cash.

?? NAME OF NOMINATED INDIVIDUAL(S) OR ORGANIZATION:

?? ADDRESS & PHONE NUMBER OF NOMINEE:

?? PLEASE DESCRIBE THE DREAM YOU WOULD LIKE FULFILLED FOR YOUR NOMINEE. INCLUDE WHY YOU FEEL THIS NOMINEE DESERVES SELECTION FOR THE BOOK OF DREAMS, DESCRIPTION OF SPECIFIC ITEM(S) NEEDED TO FULFILL THE DREAM AND APPROXIMATE COST OF THE ITEM(S).

?? PLEASE DESCRIBE THE FINANCIAL NEED OF THE NOMINEE AND PROVIDE ANY BACKGROUND ON WHY THIS DREAM HAS NOT YET BEEN FULFILLED.

**Return this form to: The Sacramento Bee Book of Dreams, P.O. Box 15779, Sacramento, CA 95852
DEADLINE IS FRIDAY, August 16, 2002**

