

**IOWA PROFESSIONAL LAWN CARE ASSOCIATION
NOMINATION FOR "LAWN PROFESSIONAL OF THE YEAR"**

Eligible nominees are owners, managers, applicators, office personnel related to the turfgrass industry.

Name of Nominee _____

Address of Nominee _____

Name of Company _____

Position _____

Years in the Turfgrass Industry _____

Reasons for nomination of this applicant (i.e. support and promotion of the lawn care industry, professional image, local community involvement, work ethics, etc.)

I certify that the information in these nomination papers are true, accurate and complete and person nominated is employed by a member company in good standing.

Signature of Nominator _____

Name of Nominator _____

Dated this _____ day of _____, 20_____.

Please return to: Iowa Turfgrass Office, 17017 US Hwy 69, Ames, IA 50010-9294