



Regional Alcohol Merchant Award
NOMINATION FORM

Retailer's name

Retailer's address

City

State

Zip code

Retailer's Phone Number

Alternate phone number

Email address

Manager's name

Reason for nomination: _____

Name of person/organization nominating retailer

Phone number

Alternate phone number

Email address

Send nomination forms to:
Panhandle Prevention Coalition
3707 Avenue D
Scottsbluff, NE 69361
Fax: 308-633-2095
dbahan@region1bhs.net