The Arnita Moon Memorial Service above Self Award

NOMINATION FORM

This award recognizes extraordinary service by an individual CASTO member. **The recipient should embody the characteristics of devotion to the servant aspect of the pupil transportation industry**. In four hundred (400) words or less, explain in **detail** why the candidate listed deserves to be selected for this award. This achievement must be directly related to CASTO and/or the school bus transportation industry.

Candidate being Nominated:_____

Employer: _____ Job Title: _____

Phone #: _____ E-Mail: _____

Nominated by: _____ Phone #: _____

Why?_____

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IMPORTANT: ***All information on the nomination forms must be completed to qualify. Adopted policies and procedures of CASTO will be followed.***

Nomination form must be mailed to:

CASTO
PO Box 348120
Sacramento, CA 95834

Must be postmarked by: **February 1, 2019**