

THEATRE TEACHER OF THE YEAR

NOMINATION FORM

Nominees should have a minimum of three years involvement in secondary school theatre.

Name of Nominee_____

Occupation_____

Place of Employment_____

Employment Address_____

Education Background_____

Honors_____

BASIS OF RECOMMENDATION

Briefly comment in the space provided regarding the suitability of the nominee in each criterion to be considered by the Theatre Committee in the selection process.

Involvement in Secondary School Theatre Curricula:

Involvement in Extracurricular Secondary School Theatre Activities:

Promotion of Secondary School Theatre in Local Community Affairs:

Promotion Statewide of Secondary School Theatre:

Other Considerations:

Nominator_____

Nominator's School_____

PLEASE RETURN TO YOUR MIFA REGIONAL THEATRE REPRESENTATIVE BY
JANUARY 29

(see **Speech Activities**, Theatre, State Committee for details)