

**Vicksburg Warren County Chamber of Commerce**

**You Caught My Eye Nominating Form**

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Place of Employment (Nominee): \_\_\_\_\_

Why are you nominating this person? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of visit: \_\_\_\_\_

Is this person a relative or coworker? \_\_\_\_\_ yes \_\_\_\_\_ no

How did you hear about the You Caught My Eye Program? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Please fax completed form to 601-636-4422 or email to [lvinson@vicksburgchamber.org](mailto:lvinson@vicksburgchamber.org).