



THE ZELDA FICHANDLER AWARD NOMINATION FORM

Deadline: July 10, 2015

Before filling out this application form please save to your computer as “[Nominee Last Name. First Name].Fichandler Nomination”. This document will not save with text until after it is downloaded.

To be eligible for this award, the nominated artist must:

- Be a Full SDC Member in good standing or SDC Associate Member in good standing at the date of the nomination deadline
- Have made and be continuing to make a unique and exceptional contribution to the selected region’s arts landscape through work in theatre. **Freelance directors/choreographers and artistic staff are both eligible**
- Work and live primarily in this year’s selected region, the Western United States. This region is comprised of the following states: **Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming**

Nominator Information:

Name: _____

Email Address: _____

Address: _____

Phone: _____

I would like to nominate _____ for past and ongoing work at _____
in _____
Name Theatre
City, ST

SDCF will inform all Nominees of their nomination. Do you wish to remain anonymous or for your identity to be disclosed to the Nominee? Mark one:

I would like to remain anonymous.

SDCF may inform Nominee of my identity as Nominator.

What is your relationship to the Nominee? Mark one:

Fellow Artist

Friend

Arts Administrator

Other:

For more information, please see the Award Guidelines online at <http://sdcfoundation.org/recognition-advocacy/fichandler-award/>

Thank you for your nomination.