

**ARKANSAS TRAIL PROFESSIONAL OF THE YEAR NOMINATION FORM**

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

Group/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

**The professional's efforts on Arkansas trails:** List examples of work projects, specifying professional's role. (Include information such as: their role in trail development and improvement, number of years the professional has been involved with trails, working with volunteers.) \_\_\_\_\_

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

**His/Her efforts at coalition building:** (Explain partnerships formed with user groups, agencies and organizations.) \_\_\_\_\_

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

**Significant trail accomplishments:** \_\_\_\_\_

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

**Accomplishments in promotion and education related to trails in Arkansas:** \_\_\_\_\_

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

Name of person/organization making nomination: \_\_\_\_\_

Telephone/E-mail (preferred method of contact): \_\_\_\_\_

Additional letters of reference are welcome.

**Submit nominations to Mike Sprague, One Capitol Mall, Little Rock, AR 72201 or as an email attachment to [michael.sprague@arkansas.gov](mailto:michael.sprague@arkansas.gov).**