



OSSA YOUTH SNOWMOBILING CAMPAIGN

YOUTH NOMINATION FORM | RECOGNIZING OREGON'S FUTURE - ONE YOUNG RIDER AT A TIME.

CAMPAIGN RUNS NOVEMBER THROUGH APRIL | MONTHLY HONOREE RECEIVES A MINIMUM AWARD VALUED AT \$300

NOMINEE INFORMATION

Nominee's Full Name: _____
Date of Birth: _____
Age: _____
Address: _____
City / State / Zip: _____
Phone: _____
Email: _____
School / Grade: _____

SNOWMOBILE SAFETY COURSE COMPLETED - REQUIRED

Yes: _____ Certification / Permit No.: _____

CLUB / SNOWMOBILING INFORMATION

OSSA Member Club: _____
Years a Member: _____
Years Snowmobiling:
Position(s) /
Involvement: _____
Favorite Riding Area: _____

NOMINATOR INFORMATION

Name: _____
Position / Relationship: _____
Phone: _____
Email: _____

ELIGIBILITY - ALL MUST APPLY

- Youth up to 18 years of age.
- Youth must have completed a snowmobile safety course.
- Involved through an OSSA member club or local snowmobiling community.
- Participates in club activities, volunteer projects, trail work, community events, youth programs, or family snowmobiling.
- Demonstrates enthusiasm, leadership, sportsmanship, volunteerism, and a positive attitude.
- Serves as a positive role model for other young snowmobilers.

ATTACH YOUR FAVORITE SNOWMOBILING PHOTO

High-quality action or portrait photo preferred.
Digital photos may also be submitted.

TELL US ABOUT THE NOMINEE

Why does this young person enjoy snowmobiling?

What is their favorite place to ride and why?

How are they involved with their club or snowmobiling community?

Describe their volunteerism, leadership, sportsmanship, or willingness to help others.

What makes this young person a positive role model?

What accomplishment, contribution, or story should OSSA know about?

PARENT/GUARDIAN CONSENT & MEDIA RELEASE

I give permission for my child to be nominated for the OSSA Youth Snowmobiling Campaign. If selected, I understand their photo, name, hometown, and submitted story may be used in OSSA promotional materials, including the website, social media, *Oregon Snowmobile News*, and OSSA events.

Parent/Guardian Name: _____

Signature: _____ Date: _____

SUBMIT BY

15th of each month for consideration in the following month's selection.

EMAIL

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MAIL

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Bend, OR 97703

QUESTIONS?

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