

INTENT TO ENTER FORM
TEXAS ASSOCIATION OF HEALTHCARE VOUNTEERS
2018 CONVENTION AWARDS COMPETITION

All Volunteer Groups must submit this form to the Awards Chairman.
Receipt of your Intent to Enter form will be acknowledged by email:

Mary Ann Blome
5901 Dripping Springs Drive
Frisco, TX 75034
(972) 668 5526 Residence
(214) 533 7272 Cell
brbmab1@yahoo.com

FAILURE TO SUBMIT THIS FORM TO THE AWARDS CHAIRMAN BY APRIL 25, 2018 WILL RESULT IN A PENALTY OF 25 POINTS FROM EACH OF YOUR ENTRIES.

NAME OF HOSPITAL/HOSPICE/NURSING FACILITY _____
CITY _____ # OF BEDS _____

NAME OF VOLUNTEER ORGANIZATION _____
ADDRESS _____
CITY _____ TX ZIP CODE _____

NAME OF CONTACT PERSON _____
ADDRESS OF CONTACT PERSON _____
CITY _____ ZIPCODE _____ PHONE _____

EMAIL TO RECEIVE RECEIPT OF "INTENT TO ENTER" FORM _____
PLEASE ENCLOSE CHECK TO COVER ENTRY FEE: \$20.00. (1 TO 4 ENTRIES OF \$20.00 TOTAL) MAKE CHECK PAYABLE TO TAHV CONVENTION 2018. YOU MAY SUBMIT ONLY ONE ENTRY PER CATEGORY. PLEASE INDICATE WHICH CATEGORIES YOUR GROUP WILL BE ENTERING.

SCRAPBOOK _____ TRAY FAVORS _____ POSTER _____ NEWSLETTER _____
AMOUNT ENCLOSED \$ _____ (NO CASH PLEASE) MAXIMUM FEE \$20.00

