

INTENT TO ENTER FORM

TEXAS ASSOCIATION OF HEALTHCARE VOLUNTEERS

2019 CONVENTION AWARDS COMPETITION

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

Barbara Giannotti
27 Edgemire Pl
The Woodlands, Tx 77381

(281) 639-2120 Cell
runnerbabs67@me.com

Failure to submit this form to the Awards Chairman by April 24, 2019 will result in a penalty of 25 points from EACH of your entries.

Name of Hospital/Hospice/Nursing Facility _____
City _____ Number of Licensed Beds _____

Name of Auxiliary/Volunteer Organization _____
Address _____
City _____ Texas Zip Code _____

Name of Contact Person _____
Address of Contact Person _____
City _____ Texas Zip Code _____ Telephone () _____

Email to receive receipt of "Intent to Enter" form _____

Please enclose check to cover entry fee: \$10.00. (1 to 4 entries is \$10.00 total)
Make check payable to TAHV Convention 2019. 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 \$10.00