INTENT TO ENTER FORM 2022 Conference Awards Competition

Name of Hospita	or Facility					
City	ity# of Beds					
Name of Volunte	er Organization					
Address						
	Zip Code					
Name of Contact	Person					
Address of Conta	ct Person					
Phone of Contact	Person					
Email to receive	receipt of "Intent to Enter"					
Please enclose ch for 1 entry fee.)	eck to cover entry fee. \$20.00 (You may enter up to 4 entries					
Please make checentry per categor	ck payable to TAHV Conference 2022. You may submit only one y.					
Categories your g	roup will be entering:					
Scrapbook	Fray FavorsPosterNewsletter					
Amount enclosed	\$(No cash, please)					

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

> Lynda DeMasco, Awards Chairman 27 Antelope Trail Kerrville, Texas 78028 210-269-2402 Idemasco@outlook.com