

The Lesley Pearse Women of Courage Award

NOMINATION FORM

Please print the form and complete all fields below

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|------------------------------|--|
| FULL NAME OF NOMINEE: | |
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|---|--|
| NOMINEE'S ADDRESS Line 1: | |
| NOMINEE'S ADDRESS Line 2: | |
| NOMINEE'S ADDRESS Town/City: | |
| NOMINEE'S ADDRESS Post Code: | |

| | |
|--|--|
| NOMINEE'S DAYTIME TELEPHONE NUMBER (including area code): | |
|--|--|

| | |
|---|--|
| YOUR RELATIONSHIP TO NOMINEE (mother, sister etc): | |
|---|--|

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|------------------------|--|
| YOUR FULL NAME: | |
|------------------------|--|

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|------------------------------------|--|
| YOUR ADDRESS Line 1: | |
| YOUR ADDRESS Line 2: | |
| YOUR ADDRESS Town/City: | |
| YOUR ADDRESS Post Code: | |

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|---|--|
| YOUR DAYTIME TELEPHONE NUMBER (including area code): | |
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| YOUR EMAIL ADDRESS: | |
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PLEASE TELL US, IN NO MORE THAN 250 WORDS, WHY YOU THINK YOUR NOMINEE DESERVES TO WIN:

By submitting your nomination, you agree that Penguin Books may contact you or your nominee.

I agree to the Lesley Pearse Women of Courage Award terms and conditions (please tick box)

**For full terms and conditions please visit:
www.womenofcourageaward.co.uk**