



# Pacific Union Conference

P.O. Box 5005

Westlake Village, CA 91359

2019-2020

## Award Recipient Information

Obtain authorized signature and return by  
March 1, 2020  
Complete in full (type only)

Date: \_\_\_\_\_

Academy: \_\_\_\_\_

Conference: \_\_\_\_\_

### Recipient Information:

Name: \_\_\_\_\_  
(As it should appear on the plaque)

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Class Standing:  Junior  Senior

Principals' Signature: \_\_\_\_\_

Return this signed document by  
March 1, 2020.

Email:

[stacy.flores@adventistfaith.com](mailto:stacy.flores@adventistfaith.com)