|  |
| --- |
| Event:AFRC Location: |
|  |  | MAXPOINTS | SCORE |
| **Supervisor’s Nomination:** | **85** |  |  |
| Tab A | Detailed Description of Event |  | 15 |  |
| Tab B | Clear Objectives & how they were met |  | 15 |  |
| Tab C | Event unique, trendy, innovative/distinctive |  | 15 |  |
| Tab D | Clear explanation of challenges/resolution |  | 10 |  |
| Tab E | Support and contributions |  | 05 |  |
| Tab F | Financials |  | 15 |  |
| Tab G | Summary |  | 10 |  |
| **Additional Information:** | **15** |  |  |
| Tab H | Testimonials |  | 05 |  |
| Tab I | Menu & Price per Person |  | 05 |  |
| Tab J | Photos |  | 05 |  |
|  |  |  |  |
| **TOTAL SCORE:** | 100 | 100 |  |
|  |  |  |  |
| GM’s Endorsement (Check off Item) |  |  |  |
| G9 AFRC’s Rep Endorsement (Check off Item) |  |  |  |
| C, Hospitality Endorsement (Check off Item) |  |  |  |
| Award Selection Board Member Name, Signature, date: |  |  |  |
| Notes: |

**BEST IN CLASS AWARD**

**NOMINATION PACKET**

**ARMED FORCES RECREATION CENTERS**

**CRITERIA**

**“Best in Class Event” Awards**

**(All information must be provided)**

**Event Name: Click here to enter text.**

**AFRC Name/Location: Click here to enter text.**

**General Manager’s Name: Click here to enter text.**

**General Manager’s Mailing Address: Click here to enter text.**

**General Manager’s FedEx Address: Click here to enter text.**

**Email Address: Click here to enter text.**

**Telephone: Click here to enter text.**

**Nomination Packet for “Best in Class Event” Awards:**

Tab A: Detailed description of the event (2,000 words max)

Click here to enter text.

Tab B: What were the objectives for the event and how were they met?

Click here to enter text.

Tab C: How was this event unique, trendy, innovative and/or distinctive? Provide specific examples.

Click here to enter text.

Tab D: Did you encounter any challenges? How were they met?

Click here to enter text.

Tab E: What contractors, vendors and other activities participated as part of your event production team and what were their contributions?

Click here to enter text.

Tab F: Financials

 Catering Costs: Click here to enter text.

 Marketing Costs: Click here to enter text.

 Décor Costs: Click here to enter text.

 Production Costs: Click here to enter text.

 Labor: Click here to enter text.

 Other expenses (Portable restrooms, security, fencing, etc): Click here to enter text.

 Number of Attendees: Click here to enter text.

 Return on Investment: Click here to enter text.

Tab G: Summary (500-word summary telling what qualifies your event as the “best” that can be used in MWR/other publications.)

 Click here to enter text.

Tab H: Testimonials (no more than three letters/notes)

Tab I: Menu and Price Per Person

Tab J: Event Photos (no more than six photos)

 

 

 

**Nomination Approvals**

General Manager Name/Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: (CML)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DSN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

G9 AFRC Program Manager Name/Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (CML)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DSN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

IMCOM G9 Hospitality Chief Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (CML)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DSN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Forward only complete packages with appropriate endorsement (using this form or a memorandum) to elba.guardia.naf@mail.mil