

**35th Annual Freedom Walk
Behavioral Health Prevention
Nomination Form**

Name of person in Recovery: _____ Date: _____

How many years in Recovery: _____

(Must be in complete recovery and no use of any other substance including alcohol)

Contact information:

Name (person in recovery): _____

Phone: _____

City residence: _____

Please submit a brief description of the person's journey on the Red Road and why you would like to honor them at the 35th Annual Freedom Walk. Use attached sheet if needed.

May we share your story at Freedom Walk: Yes ___ No ___

Would you like to share your story: Yes ___ No ___

How has your life changed for the better:

What traditional customs or programs helped you achieve and maintain a sober lifestyle?

Name of person submitting form: _____

Relationship to person in recovery: _____

Phone: _____

Please forward to Prevention@sagchip.org