

# GWRRA COUPLE OF THE YEAR RESUME

(Type or Print Legibly)

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## CANDIDATES' INFORMATION

(This page may be updated as candidates move through the various levels – District/Region/International.)

**Names:** \_\_\_\_\_

Chapter Designation: \_\_\_\_\_ District: \_\_\_\_\_ Region: \_\_\_\_\_

**Male** - Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

GWRRA Member Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Join Date: \_\_\_\_\_

**Full Member** \_\_\_\_\_ **Associate Member** \_\_\_\_\_

**Female** - Address (complete only if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

GWRRA Member Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Join Date: \_\_\_\_\_

**Full Member** \_\_\_\_\_ **Associate Member** \_\_\_\_\_

*Note: This page may be used to forward information to the District for Couples who choose not to participate beyond the Chapter level. If that is the case, please indicate such below by initialing:*

\_\_\_\_\_  
(Please initial)

We have been selected as the Chapter Couple of the Year but do not wish to participate at the District level.

**Click Here to  
Attach a Photograph**

**or**

**Attach a PHOTOGRAPH and a  
copy of MEMBERSHIP CARDS)**

**May attach on a separate page on the back of the  
Resume**

# AGREEMENTS AND CERTIFICATIONS

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(This page remains with the resume and is filled-in as candidates pass through the various levels.)

**PART I** – To be completed and signed by the candidates and to remain with the resume as it passes through appropriate levels.

1. We have been named Chapter Couple of the Year for the current year (or the immediate-past year) and wish to participate in the selection process for District Couple of the Year.
2. If selected as District Couple of the Year, we agree to attend the Regional event and participate in the Regional selection process. Please check one: \_\_\_\_\_ Yes or \_\_\_\_\_ No
3. If selected as Regional Couple of the Year, we agree to attend Wing Ding and participate in the International selection process. Please check one: \_\_\_\_\_ Yes or \_\_\_\_\_ No
4. We agree to give GWRRA full publicity and cooperation if selected as Couple of the Year at any level (District, Region, or International) of the program. Please check one: \_\_\_\_\_ Yes or \_\_\_\_\_ No
5. We agree that the information contained in this resume is accurate to the best of our knowledge.

Typed or printed name of male candidate: \_\_\_\_\_

Signed by male candidate: \_\_\_\_\_ Date \_\_\_\_\_

Typed or printed name of female candidate: \_\_\_\_\_

Signed by female candidate: \_\_\_\_\_ Date \_\_\_\_\_

## Part II

### 1) To be completed and signed by the candidates' Chapter or Assistant Chapter Director.

I certify that the above named individuals are participants of Chapter \_\_\_\_\_  
(Include Letter Designation, City, District)  
and have been named Chapter Couple of the Year for \_\_\_\_\_  
(month/year to month/year)

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

### 2) If selected as District Couple of the Year, to be completed and signed by the candidates' District or Assistant District Director, for submission to Region.

I certify that the above named individuals have been selected \_\_\_\_\_ District Couple of the Year for  
(Name of District)  
the period of \_\_\_\_\_ .  
(month/year to month/year)

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

### 3) If selected as Region Couple of the Year, to be completed and signed by the candidates' Region or Assistant Region Director, for submission to GWRRA.

I certify that the above named individuals have been selected \_\_\_\_\_ Region Couple of the Year for  
(Region Designation)  
the period of \_\_\_\_\_ .  
(month/year to month/year)

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

# NOMINATOR'S COMMENTS

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*(This page, the original nominator's comments, remains with the resume as the candidates move through the various levels. It is to be completed when the Couple makes the decision to commit and participate in the District Couple of the Year Selection.)*

Name of Nominator: \_\_\_\_\_

Position: \_\_\_\_\_

Chapter Name (Include Designation/City/District): \_\_\_\_\_

Comments:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



4. Rider Education (please identify your Rider Education Level next to the appropriate box and then list any other relative Rider Education involvement, e.g. courses/seminars taken or presented - title & year, positions held, etc.)

Rider Ed Levels:            Male: \_\_\_\_\_            Female: \_\_\_\_\_

5. Leadership Training Seminars (please list the number of seminars taken next to the appropriate box and then list the dates and titles of the seminars taken.)

LTP Seminars taken:    Male: \_\_\_\_\_            Female: \_\_\_\_\_

6. Why we want to be the District/Region/International Couple of the Year:

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Signature (Male)

Date

Signature (Female)