



THE **CHRIS PATTERSON**
PERFORMING ARTS AWARD

Instructor Endorsements

Student's Name: _____ School: _____

Instructors: by signing below you are certifying that the above named student participates in the performing arts at your school.

(Must be signed by 2 of the performing arts instructors at your public school)

Instructor's Name: _____ Instructor's Signature: _____

Instructor's Name: _____ Instructor's Signature: _____

Please mail this form, along with your submission and contact information to:

Chris Patterson Memorial Foundation
Attn: Performing Arts Award - (Your Schools Name)
610 Cherrywood Dr.
North Aurora, IL 60542-1032