



NEIGHBORHOOD OF THE MONTH NOMINATION FORM

Name of Neighborhood _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Why should your neighborhood be picked as neighborhood of the month?

What programs do your neighborhood hold annually?

Tell us more about your neighborhood:

Please submit this entry form plus additional photos, videos, and any other collateral that you believe will help your nomination to NOTM@ourRCNC.com Thank You!