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Hemet Valley Recovery Center
& Sage Retreat

Joseph L. Galletta “Spirit of Recovery” Award

Nomination Form

Nominee’s Name: _____

Nominee’s Organization: _____

Nominee’s Address: _____

Nominee’s Phone Number: _____

In what ways has this nominee shown their commitment and dedication in the field of addiction treatment?

What additional information do you wish to share with the nominating committee?

Your Name: _____

Phone #: _____ e-mail: _____

Please return to Deb Keltz by May 16, 2011

E-mail – Deborah.Keltz@phh.ms

Fax – 951-925-6337