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Hemet Valley Recovery Center  
& Sage Retreat

## Joseph L. Galletta “Spirit of Recovery” Award 2017 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?

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

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Your Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Please return to Esther Montez by Sep. 01, 2017**  
**E-mail – Esther.Montez@RecoveryAMS.com**  
**Fax – 951-925-6337**