



Champion Team Nomination

ETC Information

Name: _____

Phone Number: _____

Email: _____

Company: _____

Commuter Smart Team/Committee Members:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Commuter Mode(s) Used:

1. What are the tasks and duties performed by members of your Commuter Smart team/committee?

Please continue to next page.



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2. Describe how your Commute Smart team/committee demonstrates commitment to commute options.

3. Describe the activities and accomplishments of your Commute Smart team/committee during the past year.

4. How has your team/committee supported and enhanced your overall Commute Smart program?

Once completed, please send to Linda Radford at LRadford@SpokaneCounty.org

