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**We Move Ceremony - Submit a Nomination Today!**

**Moving Day Charleston**

Due February 16, 2021 by 5pm

The **We Move Ceremony** is a new emotional and engaging presentation at Moving Day. It builds camaraderie and gives participants an opportunity to rally together to beat Parkinson’s. The Ceremony will take place on the Moving Day stage at approximately 9:30am (may move to a later time). During the We Move Ceremony, the ceremony host will recognize four individuals by sharing their story/journey with Parkinson’s.

**PLEASE NOTE: The individual you nominate needs to be at Moving Day Charleston on Saturday, April 17, 2021 from 9am – 12 noon if the event is ‘live’. For virtual event,** the individual will need to send us a ‘video’ showcasing their story (we will send video instructions)**.** Further logistical details will be provided soon after the individuals are selected.

We want your help in nominating the four individuals that will be recognized during the We Move Ceremony. Here are the categories (feel free to nominate yourself and you can submit nominations for all categories):

1. Person with Parkinson’s
2. Someone who cares/cared for someone with Parkinson’s
3. Someone who has a loved one or lost a loved one with Parkinson’s
4. Someone who helps people with Parkinson’s (physician, therapist, Rock Steady Boxing coach, etc.)

Nomination forms are due by February 16, 2021 at 5pm. Email this the Nomination Form to Diana Parrish at dparrish@parkinson.org. The Moving Day Planning Committee will review all nominations and select one person for each category on February 23, 2021.

Thank you in advance for submitting a nomination!

Sincerely,

***Diana Parrish***

Development Director

Parkinson’s Foundation

***Pat Ruppe & Heather Walters***

Moving Day Charleston 2021 Co-Chairs

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**We Move Ceremony Nomination Form**

**Moving Day Charleston 2021**

Due February 16, 2021 by 5pm

**Your Contact Information:**

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information for Person Being Nominated:**

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check off the category you are nominating this individual for:**

* Person with Parkinson’s
* Someone who cares/cared for someone with Parkinson’s (Caregiver)
* Someone who loves or lost a loved one with Parkinson’s
* Someone who helps people with Parkinson’s (physician, therapist, Rock Steady Boxing coach, etc.)
1. Tell us about the nominee’s Parkinson’s story/journey?
2. How has this individual inspired you?
3. What connection does this person have to the Parkinson’s Foundation?