

HALL OF FAME NOMINATION FORM

A. ATHLETE'S NAME(Nominee): _____ AGE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: (____) _____

SPECIAL OLYMPICS TEAM NAME: _____

B. PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE (____) _____

C. YOUR NAME (Person Making Nomination): _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE:(____) _____

ATHLETE'S SPECIAL OLYMPICS PARTICIPATION HISTORY

1. Identify the years and competitions in which the athlete has participated:

2. How much time (estimate) does the athlete spend training for Special Olympic events during a year?

3. How does the athlete's family share in the enthusiasm of Special Olympics?

4. Comment briefly about the athlete in regards to the following:

Attitude: _____

Sportsmanship: _____

5. How, most significantly, has Special Olympics competition benefited the athlete?

6. List any other information that you feel the selection committee should know about the athlete's involvement in Special Olympics. (Use other sheets as needed.):

