MOST INSPIRATIONAL ATHLETE NOMINATION FORM

ATHLETE'S NAME (Nominee): _____ _____Age:_____

SPECIAL OLYMPICS TEAM NAME: _____

CIRCLE WHICH GAMES THE NOMINATION IS FOR: **BASKETBALL & CHEERLEADING** **SUMMER GAMES**

YOUR NAME (Person Making Nomination): _____

ATHLETE'S SPECIAL OLYMPICS PARTICIPATION

Why should this athlete be considered for the Most Inspirational Athlete Award?

1. How much time (estimate) does the athlete spend training? _____
2. Comment briefly about the athlete in regards to the following:

   Attitude: _____

   Sportsmanship: _____
3. How, most significantly, has Special Olympics competition benefited the athlete?

   _____

   _____

   _____