

CONNECTICUT MASTERS' GAMES ATHLETE OF THE YEAR PROGRAM NOMINATION FORM



Name of Nominee _____
Date of Birth _____ Sex (circle one) Female - Male
Nominee Home Address _____
City _____ State _____ Zip _____ Home Phone Number: _____
Email Address _____
State Games Representative _____ Title _____
Name of Nominator _____

1. Number of years nominee has participated in the Connecticut Masters Games _____
2. Total number of years nominee has participated in particular sport (not just in Master Games) _____
3. State Games achievements this year and in the past. List years and achievements. (Use additional sheets if needed)

4. On a separate page, summarize why your nominee should be selected. Keep in mind that final selection will be based on the following criteria:
- ~ Participation in the State Games
 - ~ Sportsmanship
 - ~ Attitude and effort
 - ~ Overall athletic participation and achievement
 - ~ Athlete's motivation/reason for being involved in sports
 - ~ Special attributes or circumstances within the sport/community
 - ~ Why the athlete represents the spirit of amateur athletics and the State Games movement

For the Nominator:
I attest that all the facts contained in these nomination materials are true to the best of my knowledge and give permission for the facts to be used for publication and publicizing the program.

Nominator's Name (Please Print) _____
Signature _____ Date _____