# CONNECTICUT SENIOR 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 Senior Games _____

2. Total number of years nominee has participated in particular sport (not just in Senior Games) _____

3. State Games achievements this year and in the past. List years and achievements. (Use additional sheets if needed)

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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_____