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**HALL OF FAME**

**ATHLETE NOMINATION FORM**

1. Complete the form below
2. Attach two (2) letters of recommendation showing support for the Athlete. Letters can be from fellow coaches, teachers, volunteers, co-workers and family members **with one preferably from a volunteer.**
3. Include 4-5 photos of the Nominee

**NOMINEE CONTACT INFORMATION:**

|  |
| --- |
| Nominee |
| Address |
| City State Zip |
| Email |
| Phone |

**ATHLETE NOMINATION**

|  |
| --- |
| Name |
| Address |
| City State Zip |
| Phone |
| Date of Birth |

Accomplishments List

Please list areas of involvement. PLEASE be specific as possible-list years, sports, outreach, development, etc.

How has the nominee’s participation impacted Special Olympics Iowa’s program?

1.

2.

3.

4.

5.

Why do you believe this nominee is deserving of induction into the Special Olympics Iowa Hall of Fame (limit to 250 words)

**RETURN TO**: Special Olympics Iowa Hall of Fame Committee; PO BOX 620; 551 SE Dovetail Road; Grimes, Iowa 50111. All nominations must be postmarked by **October 15**.