



**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

NOMINATOR 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 18.**