

HALL OF FAME ATHLETE NOMINATION FORM 2024

Athlete Prerequisites:

- Athlete has participated for a minimum of 10 years.
- Athlete has illustrated dedication to sport-specific training and competition.
- Athlete has demonstrated positive sportsmanship conduct.
- Athlete has displayed a positive attitude for his/her events thereby encouraging others to participate in those particular sports.
- Athlete demonstrates a significant positive impact within the Special Olympics movement.

Nomination Instructions:

Name:

Date of Birth:

- 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:

Address:			
City:	State:	Zip:	
Email:			
Phone:			
ATHLETE NOMINA	ATION:		
Name:			
Address:			
City:	State:	Zip:	
Phone:			

Accomplishments List
Please list areas of involvement. PLEASE be as specific as possible - list years, sport outreach, development, etc.
How has the nominee's participation impacted Special Olympics Iowa's program?
Why do you believe this nominee is deserving of induction into the Special Olympic Iowa Hall of Fame (limit to 250 words)
RETURN BY MAIL : Special Olympics Iowa, Attn: Hall of Fame Committee; PO BOX 620; 551 SE Dovetail Road; Grimes, Iowa 50111

All nominations must be postmarked by October 4.

EMAIL: info@soiowa.org