



Area Athlete of the Year Nomination Form

Special Olympics Athlete of the Year:

Presented to an athlete who epitomizes the spirit of a true Winner by his or her willingness to help others and to give his or her very best while displaying outstanding courage and sportsmanship.

Return all Nomination Forms to your [Area Director](#) prior to the Summer Games Registration Deadline.

Delegation: _____

Area Number: _____

Nominee: _____

Nominee's Address: _____

Phone: _____

Email: _____

Please explain why you feel this person is qualified to receive this award:

Date Submitted: _____

Nominated By: _____

Address: _____

Phone: _____

Email: _____