



# CT MASTERS' GAMES ATHLETES OF THE YEAR PROGRAM NOMINATION FORM

Name of Nominee \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (circle one) Female Male

Nominee's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Nominator \_\_\_\_\_ Nominator's Phone Number \_\_\_\_\_

1. Number of years nominee has participated in the CT Masters' Games  
\_\_\_\_\_
2. Total number of years nominee has participated in their particular sport(s) (not just in CT Masters' Games)  
\_\_\_\_\_
3. CT Masters' 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:
  - Number of years athlete participated in the CT Masters' 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
5. Please submit any of the following :
  - Nominee picture (e.g. head shot & action photos)
  - Articles about the nominee (or web links we can go to)
  - Letters of support

**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.

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Nominator's Name

Signature

Date