

Team of the YearNomination Form

Nominee Information
Team Name:
Sport:
Head Coach Name:
Nominator Information:
Name:
Relation to nominee:
Phone Number:
E-mail:

Important Information

This nomination will be reviewed by Special Olympics Calgary's selection committee and the local recipient's name will be forwarded to be considered for the provincial award. Should they be successful at the provincial level, their nomination will then be forwarded to Special Olympics Canada for the national award.

Deadline: Nomination forms to be in to office no later than May 6, 2016

Send to: nadine@specialolympicscalgary.ca

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	List the name of all tear				
. Hov	v long has this team bee				
	ase identify the team's sp Curling		Basketball		Soccer
	Floor Hockey		Softball		
	ase give three (3) reason	ns why this	team should be name	ed Special Oly	mpics Calgary "Team of
		ns why this	team should be name	ed Special Oly	mpics Calgary "Team of
he Ye		embers' g			
the Ye	ase describe the team m	embers' g			
5. Pleachems	ase describe the team m	embers' godels.	eneral characteristics	and how this t	eam exemplifies

7. Please provi any)	ide some background information on the team's involvement in community activities.(if
3. How has the	e team exemplified the true spirit of Special Olympics? Please provide specific examples
-	ide specific examples of how the team has displayed sportsmanship and has been fellow athletes, coaches and officials.
10. Do you ha	ve any additional comments?

Thank you for your nomination!

DEADLINE: May 6, 2016

nadine@specialolympicscalgary.ca