



Area Award Nominations

Each year every Area will name the following award winners:

Athlete of the Year
Coach of the Year
Volunteer of the Year
Family of the Year
Spirit Award

It is up to you to nominate deserving individuals for these awards. The Nomination forms are below. Please complete the forms that you would like to nominate someone for and either mail or hand deliver these forms to the Area Director before the deadline for their Area Athletics competition.

The winner of each Area is then eligible to be nominated for the State Award that will be presented at Summer Games Opening Ceremonies.

AREA ATHLETE OF THE YEAR

Special Olympics
Oklahoma



Do you know a Special Olympics athlete who is a great athlete? We're looking for the athlete who tried harder and trains longer. This athlete may have low level to high level skills, but is an individual committed to training to be the best athlete possible. This outstanding athlete exhibits great sportsmanship and encourages teammates and opponents to always do their very best. He or she competes to win but is graceful in defeat and even more determined to train harder to do better next time. If this reminds you of an athlete that you know, please nominate him/her to be honored as the Area Athlete of the Year. You and your nominee will be notified if the athlete is selected. The winner must attend the area Games. All area winner become nominees for State Athlete of the Year in May.

Athlete's Name	<input type="text"/>	<input type="radio"/> Male	Age	<input type="text"/>	
		<input type="radio"/> Female			
Parent/Guardian	<input type="text"/>				
Athlete's Address	<input type="text"/>				
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Name of Person Nominating Athlete	<input type="text"/>		Relationship to Athlete	<input type="text"/>	
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Athlete's Number of years in Special Olympics	<input type="text"/>	Area Name	<input type="text"/>		
Involved in what sports	<input type="text"/>				
Extracurricular activities	<input type="text"/>				
Recognition & Achievements	<input type="text"/>				
Athlete Quote: What do you think of Special Olympics (SO)?	<input type="text"/>				
Athlete Quote: What is your favorite SO memory?	<input type="text"/>				
Athlete Quote: How has SO affected your life?	<input type="text"/>				

Please attach a photo of the athlete and return this nomination form to your Area by the Area deadline.

Print 2 copies before hitting Reset. Keep 1 copy & mail 1 copy to the person listed in the Fall Schedule for your area event.

Print Form

Reset Form

AREA COACH OF THE YEAR



Do you know a coach who goes that extra mile for his/her athletes? This person works harder, stays longer, makes more sacrifices and has an outstanding attitude that makes athletes think her/she is the greatest coach in the world! This coach is committed to quality training and challenges athletes to set and reach goals. If you know a coach with these qualities, nominate him/her to be honored as the Area Coach of the Year. You and your nominee will be notified if the coach is selected. The winner must attend the Area Games. All Area winners become nominees for State Coach of the Year in May.

Coach's Name Male Female Age

Name of Team Area Name

Coach's Address

Cell Phone Home Phone Work Phone

Name of Person Nominating Athlete Relationship to Coach

Cell Phone Home Phone Work Phone

Coach's Employment & Position Number of years as SO Coach

Other positions held in Special Olympics.

Other community involvement.

How is the Coach affected by participation with Special Olympics Athletes?

Please explain why you think this coach should be selected as the Area Coach of the Year. Attach additional pages or other testimonial letters, if you like, from co-workers, athletes, parents, or assistant coaches.

Please attach a photo of the coach and return this nomination form to your Area by the Area deadline.

Print 2 copies before hitting Reset. Keep 1 copy & mail 1 copy to the person listed in the Fall Schedule for your area event.

Print Form

Reset Form

AREA VOLUNTEER OF THE YEAR

Special Olympics
Oklahoma



Do you know a volunteer who goes that extra mile for the athletes? This volunteer is committed to the athletes and really puts their all into volunteering for Special Olympics. If you know a volunteer with these qualities, nominate him/her to be honored as the Area Volunteer of the Year. You and your nominee will be notified if the volunteer is selected. The winner must attend the Area Games. All Area winners become nominees for State Volunteer of the Year in May.

Volunteer's Name Male Female Age

Volunteer's Address

Cell Phone Home Phone Work Phone

Name of Person Nominating Volunteer Relationship to Volunteer

Cell Phone Home Phone Work Phone

Volunteer's Employment & Position Number of years as SO Volunteer

Other positions held in Special Olympics

Other community involvement

How is the Volunteer affected by participation with Special Olympics athletes?

Please explain why you think this Volunteer should be selected as the Area Volunteer of the Year. Attach additional pages or other testimonial letters, if you like, from co-workers, athletes, parents or coaches.

Please attach a photo of the volunteer and return this nomination form to your Area by the Area deadline.

Print 2 copies before hitting Reset. Keep 1 copy & mail 1 copy to the person listed in the Fall Schedule for your area event.

Print Form

Reset Form

AREA FAMILY OF THE YEAR

Special Olympics
Oklahoma



The Area Family of the Year Award has been established to recognize outstanding dedication and family commitment to Special Olympics and to the family's Special Olympics Athlete. If you know of a family who have been especially encouraging, enthusiastic, involved and caring throughout their athlete's participation in Special Olympics; a family who has been a part of their athlete's Special Olympics experience; nominate that family to be honored as the Area Family of the Year. You and your nominees will be notified if the family is selected. The winner must attend the Area Games. All Area winners become nominees for State Family of the Year in May.

Family's Name
(include family members' names)

Name of Family's Special Olympics Athlete(s)

Family's Address

Cell Phone

Home Phone

Work Phone

Name of Person
Nominating Family

Relationship
to Family

Cell Phone

Home Phone

Work Phone

Number of years in Special Olympics

Area Name

In what ways is the family involved in Special Olympics?

How has Special Olympics affected the lives of the athlete and family?

Favorite family memories of Special Olympics

Quoting the family, how do they feel about Special Olympics, their experiences and their athlete's achievements through participation in this program?

Please attach a photo of the family and return this nomination form to your Area by the Area deadline.

Print 2 copies before hitting Reset. Keep 1 copy & mail 1 copy to the person listed in the Fall Schedule for your area event.

Print Form

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AREA SPIRIT AWARD



The Area Spirit Award has been designed to recognize Special Olympics athletes who, despite serious physical and/or mental challenges, have aspired to overcome and meet those challenges with grace and dignity. Through courage and determination, this athlete faces each challenge with a positive attitude and a can-do spirit. If this reminds you of an athlete you know, nominate him/her to be honored with the Area Spirit Award. You and your nominee will be notified if the athlete is selected. The winner must attend the Area Games. All Area winners become nominees for State Spirit Award in May.

Athlete's Name	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female	Age	<input type="text"/>
Parent/Guardian	<input type="text"/>				
Athlete's Address	<input type="text"/>				
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Name of Person Nominating Athlete	<input type="text"/>			Relationship to Athlete	<input type="text"/>
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Number of years in Special Olympics	<input type="text"/>	Area Name	<input type="text"/>		
Involved in what sports	<input type="text"/>				
What obstacles and challenges has this athlete overcome to participate in Special Olympics?	<input type="text"/>				
How has Special Olympics affected this athlete's life?	<input type="text"/>				
Please define the qualities this athlete displays that qualify him/her for the Spirit Award?	<input type="text"/>				

Please attach a photo of the athlete and return this nomination form to your Area by the Area deadline.

Print 2 copies before hitting Reset. Keep 1 copy & mail 1 copy to the person listed in the Fall Schedule for your area event.

Print Form

Reset Form