



**U.S. MASTERS
SWIMMING**

Fitness Award Nomination Form

DATE OF SUBMISSION:

NAME OF NOMINEE:

LMSC:

Address:

City:

State:

Zip:

Phone:

Email:

NAME OF NOMINATOR:

LMSC:

Address:

City:

State:

Zip:

Phone:

Email:

How long has the nominee been a member of USMS?

What fitness activities has the nominee created for swimmers?

Describe the goals and desired outcomes of activities and initiatives.



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Provide evidence that the intended outcomes have been successfully achieved with qualitative and quantitative examples that demonstrate the benefits to member.

**Submit this form NOT LATER THAN JULY 1 to:
USMS Recognition & Awards Chair– awards@usmastersswimming.org**