



## **Fitness Award Nomination Form**

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NAME OF CANDIDATE: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

LMSC: \_\_\_\_\_ Zone: \_\_\_\_\_

NAME OF NOMINATOR: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

LMSC: \_\_\_\_\_ Zone: \_\_\_\_\_

DATE OF SUBMISSION: \_\_\_\_\_

**DESCRIBE THE CONTRIBUTIONS TO THE U. S. MASTERS FITNESS COMMUNITY MADE BY THE NOMINEE.**

1. How long has the nominee been involved in USMS?

2. How did this nominee become involved in USMS?



**U.S. MASTERS  
SWIMMING**

3. What fitness activities has the nominee created for swimmers?

4. What contributions has the nominee made to enhance USMS fitness activities?

**Submit this form NOT LATER THAN JULY 1 to:  
USMS Recognition and Awards Chair at [awards@usmastersswimming.org](mailto:awards@usmastersswimming.org)**