



2019 World Summer Games SORI Athlete Nomination Form

All parts of this application must be completed for an athlete to be considered.

Athlete Name: _____ Sex: _____ Date of Birth: _____

Mailing Address: _____

Email Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Nighttime Phone: _____

Team Name: _____

Head Coach: _____ Daytime Phone: _____

Evening Phone: _____

Parent/ Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Nighttime Phone: _____

SPORT NOMINATION

The athlete must have received a Gold, Silver or Bronze medal in the sport to be considered

Unified Bowling (1 Male athlete/1 Male unified partner)



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Explain why you have nominated this athlete for the 2019 World Summer Games. (List accomplishments, personal experiences, years of involvement, and any information you feel would be valuable to the selection committee.)

Person Completing Nomination: _____

Daytime Phone: _____ Evening Phone: _____

Signature (Person Completing Form): _____ Date: _____

All applications are due to Special Olympics Rhode Island by May 18, 2018

Return to:
Special Olympics Rhode Island, 370 George Washington Highway, Smithfield, RI 02917
Attention: Selection Committee - World Summer Games