



**TORCH RUNNER & ATHLETE OF THE YEAR NOMINATION FORM**

Complete and return this form by fax to 619 223-2242 or email to [info@calstategames.org](mailto:info@calstategames.org) .  
Torch Runners and Athlete of the Year for each Sport will be selected from the information on this form.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Male Female

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation (adult athletes): \_\_\_\_\_

California State Games Sport: \_\_\_\_\_

Are you a member of a Team / Club: \_\_\_\_\_

# of Years participated in the California State Games: \_\_\_\_\_

Region: (Circle one)  
San Diego      Los Angeles area      Central CA      Northern CA

Please list Athletic Records and Accomplishments in this Event and Other Sports:  
(Medal winner, Regional/National Championships, All-Scholastic, Team Captain, MVP)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the names of the Newspapers in your area that cover events in your town?

\_\_\_\_\_  
\_\_\_\_\_

Summarize why you should be selected as a Torch Runner or Athlete of the Year. Final selection is based on the following: participation in CA State Games, sportsmanship, attitude and effort, overall athletic participation and achievement, accomplishments outside of sports, special attributes or circumstances, and why the athlete represents the spirit of amateur and the State Games movement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional sheets, if needed.