



2013 World Winter Games Athlete Nomination Form

Athlete's Name _____

Address _____

City/State/Zip _____

Event Category: _____

I understand that if selected to participate or to be an alternate for the 2013 Special Olympics World Winter Games, I will train thoroughly in the events I select. I also understand that parents, guardians, family members and friends cannot travel with the team and cannot stay with me while I am at the World Games.

Athlete Signature

Date

Parent/Guardian Signature (Minors)

Date