IOWA SENIOR GAMES HALL OF FAME AWARD

NOMINATION FORM

Name of person being nominated _____________________________________________

Reasons why this person is being nominated ________________________________

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Signature of person making the nomination ___________________________________

Date of nomination __________________

To be completed by Iowa Senior Games:

Number of years of participation ________ Record holder ________________

Number of gold medals won __________ Contributor ______________ ______

Number of total medals won __________