

2020 STATE GAMES OF MISSISSIPPI
ATHLETE OF THE YEAR NOMINATION FORM

To recognize amateur athletes, the State Games of Mississippi has established the annual Athlete of the Year Awards. Coaches, officials, athletes, volunteers and spectators may nominate an athlete for these awards. One female, one male and one youth athlete will be chosen from each sporting event to represent that sport for the 2020 State Games of Mississippi.

Please nominate the athlete of your choice who personifies the ideals of the State Games movement, such as participation, sportsmanship, effort and positive attitude.

From all of the State Games of Mississippi Sport Athletes of the Year, one Male and one Female State Games of Mississippi Athlete of the Year and one Youth AOY will be chosen. These three Mississippians will work with the State Games of Mississippi throughout the year to promote amateur athletics for all Mississippians and will carry the State Games flame to light the torch in the 2021 Opening Ceremonies.

Name of Nominee: _____

Sport: _____

Date of Birth: _____

Address: _____

Phone: _____

City/State/Zip: _____

Name of Nominator: _____

Title: _____

Phone (Day and Night): _____

E-Mail: _____



1. Number of years nominee has participated in the State Games: _____
2. Number of years nominee has participated in their particular sport, including State Games: _____
3. On a separate sheet, summarize why your nominee should be selected. The final selection will be based on the following criteria:
 - History of State Games achievements (include years of achievements):
 - Participation in the State Games Programs
 - Sportsmanship, Attitude and Effort
 - Special attributes or circumstances (for example: a handicapped athlete, a young or young at heart athlete, a comeback athlete, etc.)
 - Why the athlete represents the spirit of amateur athletics and the State Games movement
 - Athlete's motivation and reason for being involved in sports
 - Overall athletic participation and achievement

For the Nominator and Nominee, please sign below: I attest that all the facts contained in these nomination materials are true and I give permission for the facts to be used for publication.

Signature of Nominee Date

Signature of Parent/Guardian (if nominee is under 18 years of age) Date

Signature of Nominator Date

PLEASE FILL OUT FORM, ADD ATTACHMENTS AND RETURN TO: State Games of Mississippi, PO Box 5866, Meridian, MS 39302 or fax to 601-483-0650.