TORCH RUNNER NOMINATION FORM

Complete and return this form by fax to 619 223-2242 or email to info@calstategames.org. Torch Runners will be selected from the information on this form.

Name: ___________________________________________ Age: __________
Address: ___________________________________________ Sex: Male  Female
City: ___________________________________________ Zip: __________
Phone: ___________________________ Date of Birth: ___________________________
Email address: ___________________________________________
California State Games Sport: ___________________________________________
Team / Club name, if any: ___________________________________________
# of Years participated in the California State Games: ___________________________
Region you live: (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. 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 athletics and the State Games movement.
________________________________________________________________________
________________________________________________________________________

Attach additional sheets, if needed.