



**TORCH RUNNER 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 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)

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

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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.

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Attach additional sheets, if needed.