

OZARK MASTERS SWIMMING SERVICE AWARD NOMINATION FORM

(Please print or type legibly)

Individual nominated _____

Club affiliation (If any) _____

Nominated by _____

Club affiliation _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Please provide the following details regarding the reasons why you are nominating this individual for the Ozark LMSC Service Award.

1. **Contributions to the Ozark LMSC:** Meets hosted, clinics run, offices held, committees, work at local, state, national and international level, etc.
2. **Accomplishments over the past year**
3. **Long-term contribution to Masters Swimming:** Number of years active in Masters swimming, special accomplishments, etc.
4. **Additional information that you feel is important for your nomination**

Nominees may be paid employees (e.g. coaches) or volunteers, as long as they have served Ozark Masters swimming in a significant way.

Email nomination information to Ozark LMSC Awards Chair - Lori Payne:
paynezoo@sbcglobal.net

PLEASE NOTE: Submission by email is preferred and use of this form is not required as long as all the requested information is provided.

Postal mail: Lori Payne, PO Box 11092, Aspen CO 81612