***2022 USA Games Team Nomination Form for Georgia***

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| **Agency Name** | Click or tap here to enter text. |
| **Team Name** | Click or tap here to enter text. |
| **Team Level** | Choose an item. |
| **Head Coach** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Cell Phone Number** | Click or tap here to enter text. |
| **E-Mail Address** | Click or tap here to enter text. |

***Team Event Nomination (select via dropdown)***

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| **Event** | Choose an item. |

**Note for Tennis, Athletes selected for the Unified Doubles team, the Athlete will also be able to compete in Level 5 Tennis singles. Unified Partners selected will only be allowed to compete in the Unified Doubles event.**

***Team Event Nomination Entrants (4 for Bocce & Bowling, 2 for Tennis & 10 for Flag Football)***

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| **Entrant Role** | **Entrant Name** | **Date of Birth** | **Gender** |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
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***Team Event Nomination Requirements:***

***For nominations to be valid, the team and all Athletes and Unified Partners MUST be at least 16 years of age or older and have competed and medaled at the following SOGA State Events in conjunction with the Sport in which they have been nominated for:***

***2020 State Indoor Winter Games – Unified Team Bowling***

***2019 State Summer Games – Unified Tennis Doubles & Singles (Level 5) and Unified Flag Football***

***2019 State Masters Bowling – Unified Team Bowling***

***2019 State Fall Games – Unified Team Bocce***

(Please continue to the Questions/Answers page)

***Question & Answer Section:***

1. ***What makes this team stand out from other teams, warranting this nomination?***

Click or tap here to enter text.

1. ***Is this team willing to commit to an intensive training program for 1 year?***

Click or tap here to enter text.

1. ***Does the team have a good support system that will provide transportation to attend training sessions as well as a continued training program in their community on a weekly basis?***

Click or tap here to enter text.

1. ***Is this team able to cooperate and get along with others in a group living arrangement?***

Click or tap here to enter text.

1. ***Is the team able to follow directions, to handle stress and adapt to change in schedules from day to day?***

Click or tap here to enter text.

1. ***Does the team possess the social skills for acceptance in a public setting and basic independent personal hygiene and grooming skills?***

Click or tap here to enter text.

1. ***Is the team willing and able to travel away from home with unfamiliar people for up to a 10 day period?***

Click or tap here to enter text.

1. ***Will the parents/guardians allow the team to attend the USA Games?***

Click or tap here to enter text.

1. ***Does the team demonstrate good sportsmanship during the competition as well as after the competition regardless of placing 1st or 8th?***

Click or tap here to enter text.

1. ***Does the team possess the physical stamina associated with 5 days of competition as well as a rigorous daily schedule required during national competition?***

Click or tap here to enter text.

1. ***Has this team ever attended a USA or World Games before? If yes, what year and what location?***

Click or tap here to enter text.

1. ***Do you feel your team will be able to raise the needed funds for USA Games?***

Click or tap here to enter text.

1. ***Describe in detail the overall training schedule this team follows on a year round basis and during the months prior to a competition.***

Click or tap here to enter text.

1. ***In one sentence, summarize why the Selection Team should pick this team as a part of Team Georgia.***

Click or tap here to enter text.

1. ***Attach two (2) supporting letters/documents/articles from principals, supervisors, pastors, teachers, friends, co-workers, newspapers, etc. (NO MORE THAN 2 DOCUMENTS ALLOWED)***

***Nomination Submitted by:***

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Cell Phone:** | Click or tap here to enter text. |
| **E-Mail Address:** | Click or tap here to enter text. |

***Please complete all nominations via your computer, save and email to***

***David Crawford by the May 7, 2021 Deadline***

[***David.Crawford@specialolympicsga.org***](mailto:David.Crawford@specialolympicsga.org)

***Phone: (229) 292-5143***

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