



Fitness Award Nomination Form

DATE OF SUBMISSION:

NAME OF NOMINEE:

LMSC:

Address:

City:

State:

Zip:

Phone:

Email:

NAME OF NOMINATOR:

LMSC:

Address:

City:

State:

Zip:

Phone:

Email:

Is the nominee a current member of USMS?

Describe the program(s), activities and/or initiatives that advance the interests and benefits for fitness swimmers.



**U.S. MASTERS
SWIMMING**

What were the goals for the program?

Who were the target audience(s) for the program(s)?

What are/were the results and benefits of the program(s)? Explain qualitative and quantitative outcomes citing specific examples.



**U.S. MASTERS
SWIMMING**

Provide evidence that the intended outcomes have been successfully achieved with qualitative and quantitative examples that demonstrate the benefits to member.

**Submit this form NOT LATER THAN JULY 1 to:
USMS Recognition & Awards Chair– awards@usmastersswimming.org**