



United Cerebral Palsy & Wilmington Blue Rocks
 2012 Diamond Dinner: Friday, April 20
 A Celebration of Athletes Who Live Their Lives Without Limits
 SPORTS AWARDS NOMINATION FORM

Nominee Information:

Student's Name: _____

Name of School _____

Home Address: _____

City, State and Zip Code: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Student's E-mail: _____

Age of nominee: _____ If Student, Current grade level: _____

Please fill out sections below.

Sport(s) in which nominee participates.

Why are you nominating this individual?

What obstacle and/or disability did he/she overcome?

In what other activities does nominee participate?

Please feel free to attach additional information.

Sponsor Information:

Your Name _____ Relationship to nominee: _____
(Print Name)

(Signature) (Date)

Office #: _____ Cell #: _____ Home #: _____

Your Email: _____

Mail completed form to:
United Cerebral Palsy of DE
Attn: Awards Committee
700A River Road
Wilmington, DE 19809-2746
(302) 764-2400 (voice)
(302) 764-8713 (fax)

Completed nomination forms must be postmarked or received no later than
March 2, 2012.

THANK YOU!!!!