

<b>SECTION:</b>	<b>PROGRAM</b>	<b>4000-16</b>
<b>TOPIC:</b>	<b>Team of the Year</b>	
<b>EFFECTIVE DATE:</b>	<b>December 1996</b>	
<b>REVISED DATE:</b>	<b>June 2006</b>	<b>PAGE 1 of 4</b>

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This award will be presented annually to Saskatchewan's most outstanding sporting team.

### **Nominations:**

Each Special Olympics accredited zone/community is encouraged to nominate a team who they feel is worthy of receiving this prestigious award. **Nominations are accepted from any SOS member in good standing including:** the executive committee, coaches, volunteers, athletes, Board of Directors, Sport Advisory Council, and the provincial office **by (annual deadline date)**. All nominations must be accompanied by a Nomination Form (attached), one (1) letter of reference and a team photo (digital or hard copy).

*NOTE: Any additional forms/letters of support will not be considered by the Selection Committee when reviewing the nominations. The Special Olympics Saskatchewan Awards committee will carefully review the nominations and select the winners.*

### **Award Criteria:**

- Must be a registered team in a Special Olympics program.
- Must be involved in a Special Olympics sport(s) program throughout the year.
- Be successful in their sport, doing their personal best to achieve their athletic goal.
- Exemplify the true spirit of Special Olympics.
- Display sportsmanship and be considerate of fellow teams, athletes, coaches and officials.

### **Award Recognition:**

- This award will be presented to the successful recipients at the Provincial Awards Banquet held annually.
- All team recipients will receive a certificate and/or Team of the Year plaque.
- The recipient's team name will be added to Special Olympics Saskatchewan Memorial Plaque.
- The recipient and nominees will be recognized in the Special Olympics Saskatchewan newsletter.
- The team will be further considered for the National Team of the Year Award.

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**Nomination Form**

<b>Name of Team:</b> _____	
<b>Name of Head Coach:</b> _____	
<b>Address:</b> _____	
<b>City:</b> _____	<b>Postal Code:</b> _____
<b>Telephone Number: (H)</b> _____	<b>(B)</b> _____
<b>How long has the team been involved with Special Olympics?</b> _____	
<b>Team Members:</b> _____	
_____	
_____	
_____	
_____	

Please complete the following information in support of this nomination.

**What are some of the team members' accomplishments and honors (i.e. most valuable player, all star, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Nomination Form**

**Please complete the nomination form and return by the deadline date of each program year.**

Nominated by: _____		
Address: _____		
City/Town: _____	Postal Code	_____
Phone Number: (H) _____	(B) _____	
E-mail: _____		
_____	_____	_____
(SIGNATURE)	POSITION RELATING TO SOS	DATE
_____	_____	_____
(SIGNATURE)	POSITION RELATING TO SOS	DATE

<b>FOR OFFICE ADMIN USE ONLY:</b>		
<b>DATE RECEIVED:</b>		<b>Sports Registered In:</b>
<b>MEMBER SINCE:</b>		
<b>NCCP#:</b>		
<b>INITIALS:</b>		