

**NOMINATION FORM**

**CANDIDATE FOR NOMINATION FOR THE OATA JESSICA DALLIDAY SAFE SPORT AWARD**

FULL NAME \_\_\_\_\_ OATA MEMBERSHIP #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**NAMES OF INDIVIDUAL AND/OR ORGANIZATION SUPPORTING THE NOMINATION**

This Nomination must be signed by the individual or someone with signing authority for the organization advancing the nomination.

1. NAME OF INDIVIDUAL: \_\_\_\_\_

2. NAME OF ORGANIZATION: \_\_\_\_\_

3. NOMINATOR CONTACT INFORMATION

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE NUMBER: WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

**STATEMENT WHY THE ATHLETIC THERAPIST DESERVES THIS SAFE SPORT RECOGNITION:**

**Please provide description of how the Nominee Meets or Surpasses the Nomination Criteria**

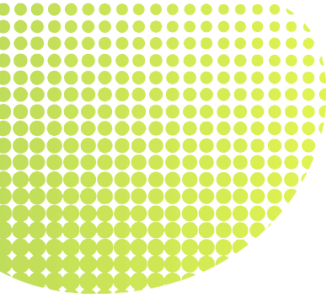
(No more than 250 words)

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**NOTE ANY SPECIAL IMPACT THE ATHLETIC THERAPIST’S CONDUCT/ACTIONS HAVE HAD ON THE ATHLETE/TEAM/SPORT**

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**BRIEF BIOGRAPHICAL PROFILE OF THE NOMINEE (Athletic Therapist)**  
(No more than 150-200 words)

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**BRIEF DESCRIPTION OF THE SPORT TEAM OR ORGANIZATION SUPPORTING THE NOMINATION**

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**PLEASE CONFIRM PERMISSION & AUTHORIZATION TO SHARE THE DETAILS OF THIS NOMINATION THROUGH PROMOTIONS AND INTERNET-BASED COMMUNICATIONS.**

I \_\_\_\_\_, hereby confirm this nomination document can be shared.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_