

**INTERNATIONAL COUNCIL FOR HEALTH, PHYSICAL EDUCATION,  
RECREATION, SPORT, AND DANCE**

**ICHPER·SD Biennial Awards**

**Nomination Form**

A completed Nomination Form must be received by the headquarters of ICHPER·SD, 1900 Association Drive, Reston, Virginia 20191-1598, U.S.A., Fax (703) 476-9527, by January 25th, of the ICHPER·SD World Congress year.

**Nominated for (title of award):** \_\_\_\_\_

Nomination submitted by: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

or

Name of Individual Member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

ICHPER·SD Member Identification Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Information on Nominee:**

\_\_\_\_\_  
Surname of Nominee First Name Middle Name

Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Nominee's Organizational Affiliation: National: \_\_\_\_\_

International: \_\_\_\_\_

**Be sure your nominee is a member in good standing with ICHPER·SD.**

\_\_\_\_\_  
Signature of Nominator or \_\_\_\_\_

Signature of Organization's President or  
Head or Assignee