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COMMISSION ON SPORTS MEDICINE

TEAM PHYSICIAN OF THE YEAR AWARD NOMINATION

To be completed by the sponsor

Name of Sponsor: _____

Position: _____

Place of Employment: _____

Address: _____

Phone/Fax: _____

Name of Nominee: _____

Position: _____

Place of Employment: _____

Address: _____

Phone/Fax: _____

Reason for Submitting the Nominee:

_____

_____

_____

_____

_____

(Use additional space on back of form if needed)

Sponsor Signature: _____

Please return this completed form before **May 15** with a CV or Resume of the nominee to:
ISMA Commission on Sports Medicine, Attn: Melissa Hayes, 322 Canal Walk, Indianapolis, IN 46202
Or by e-mail to mhayes@ismanet.org