

RIATA Athletic Trainer of the Year Sponsor Form

Sponsor's Personal Information

Name				
Last	First	Middle	Credentials	
Sponsor's Place	of Employm	ent		
Position	-			
Sponsor's Addres	ss			
	City	State	Zip	
Work Phone	Alt Phone			
Fax	Email			
Name of Nomine	e			
Relationship to N	lominee			
- -				
Please provide a sponsoring the c		•		
-p				

All completed sponsor and candidate nomination forms must be <u>sent to the RIATA Honors and Award Chair</u> via US mail or overnight express service by post mark <u>April 15th</u>. E-mail and/or fax will not be accepted.

Bryn VanPatten 134 Eden Crest Drive Cranston, RI 02920

RIATA Athletic Trainer of Year Nominee Form:

Nominee Personal Information

Name				
Las	st	First	Middle	Credentials
Place of	Employm	ent		
Position				
Address				
_	City	State		Zip
Work Ph	one		Alt P	hone
Fax		Email		
Please p this awa		orief summa	ry as to th	e rationale of merit to

Please attach:

- Resume
- Current Events within the NATA, District and State that would benefit the merit.
- Please include any committee/s you represented past & present
- Please list any community service.

Nominee's NATABOC Certification Date:
Has the Nominee been a member of RIATA for at least three years? YES NO
Is this the Nominee's first nomination for the RIATA Athletic Trainer of the Year Award?
In NO, please list the last year nominated:
Nominee Signature
NATABOC Certification #
Membership #
RI State License # and Date of Expiration