



MINNESOTA CURLING ASSOCIATION  
2009-2010 CURLER RECOGNITION AWARD



Nomination Form

**Personal Information**

Name of Nominee: \_\_\_\_\_

Age of Nominee: \_\_\_\_\_ (If deceased, please indicate lifespan) \_\_\_\_\_

Occupation: \_\_\_\_\_

Family: \_\_\_\_\_

**Curling History**

Years of Curling: \_\_\_\_\_

Home Curling Club: \_\_\_\_\_

World Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

National Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please consider this nomination as (Check One):**

Curler / Competitor    Curler / Builder    Curler / Organizer

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_