

Junior Legacy Team Nomination <u>Up Through 15 ONLY</u>

Nominee's Name		Male	Female	Date
Address	City		ST	Zip
Phone #	Birthdate		Team	
Director's Name			Phone #	
Director's Address				
Director's e-mail address				
Notify Director ONLY: Yes	No			
1. How long has the nominee	been clogging?			
2. How long have you been D	Pirector of this nominee?			
3. Has the nominee ever dire	cted a team? If	f Yes, Explain	l	
4. Has the nominee ever taug	pht classes? If	Yes, Explain.	·	
5. Please list competitions wh	ere this nominee may be viewed by	y a member o	f the Nominat	ion Committee.
6. The nominee has won app	roximately how many awards in S	olo Competiti	ion?	
7. Is the nominee a good spo	rt? Explain how	well the nomi	nee takes LOS	SING
8. Name styles of footwork n	ominee can perform .			
9. Please explain why you thi	ink this person should be on the U	CA Junior Le	egacy Team.	
2 P d	Dianne Loftin 04 Marehaven Ct iedmont, SC 29673 <u>lloftin01@gmail.com</u> 64-277-0553			
Note: PLEASE EN	NCLOSE A RECENT	рното	GRAPH	

DEADLINE AUGUST 15, 2020