



## Legacy Team Nomination & Senior Legacy Team Nomination

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 Director of this nominee? \_\_\_\_\_

3. Has the nominee ever directed a team? \_\_\_\_\_ If Yes, Explain. \_\_\_\_\_

4. Has the nominee ever taught classes? \_\_\_\_\_ If Yes, Explain. \_\_\_\_\_

5. Please list competitions where this nominee may be viewed by a member of the Nomination Committee.

6. The nominee has won approximately how many awards in Solo Competition? \_\_\_\_\_

7. Is the nominee a good sport? \_\_\_\_\_ Explain how well the nominee takes LOSING. \_\_\_\_\_

8. Name styles of footwork nominee can perform .

9. Please explain why you think this person should be on the UCA Legacy Team.

**RETURN TO;**

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864-277-0553**

**Note: PLEASE ENCLOSE A RECENT PHOTOGRAPH  
DEADLINE AUGUST 15, 2020**