

San Leandro Sports Foundation  
Athlete of the Month  
Nomination Form



Student/Athlete: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Sport(s): \_\_\_\_\_  
Grade Point Average: \_\_\_\_\_

Nominator: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Accomplishment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite (Food, Movie, Music,  
Celebrity): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person You'd Most Like to  
meet: \_\_\_\_\_  
\_\_\_\_\_

Goals (Plans) for the  
Future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit completed form to San Leandro Sport Foundation 151 Callan Ave., Suite 200 San  
Leandro, CA 94577 or Fax: 510-895-1961 or email: martin@mjcbenefits.com