

ACHF

All American Team Nomination

Nominee's Name _____ Male ____ Female ____ Date _____

Address _____ City _____ ST _____ Zip _____

Phone # _____ Birthdate _____ Team _____

Director's Name _____ Phone # _____

Director's 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 ACHF All American Team.

RETURN TO;

Lib Mills
PO Box 1841
Clemson, SC 29633

OR

Dianne Loftin
312 Walden Creek Way
Greenville, SC 29615

Note: **PLEASE ENCLOSE A RECENT PHOTOGRAPH.**