



1 Olympic Plaza
Colorado Springs, CO
80909-5770

o 719.866.4578
f 719.866.4669

usa-swimming.org

DATE: April 28, 2005
TO: LSC Safety Chairs
FROM: Carol Burch, Director, Member Services
SUBJ: Safety Commendation Nomination Form

Attached is the nomination form for the Adolph Kiefer Safety Commendation. The Safety Education Committee presents this award to an individual or organization that has made a significant contribution to safe swimming in the United States. The committee will review nominations each August, for presentation at the USAS Convention. (Some years the committee has determined that no award recipient will be named.)

If you have any questions, please contact Carol Burch, Member Services Director, at 719/866-4578 or via e-mail at cburch@usaswimming.org.

We encourage you to nominate any individual or organization that has had an impact on safety in your city, state, swim club, LSC or nationally.

TO BE CONSIDERED FOR THE 2005 SAFETY AWARD, NOMINATIONS MUST BE RECEIVED BY JULY 15, 2005.

Previous Winners

1990 Deborah Packard
1991 Priscilla Davis
1992 Dan Mazzei
1993 Askia Bashir
1994 Moon Aqua Club
1996 Steve Gordon
1997 American Red Cross
1999 Kristi Elliott
2000 Stew Leonard III Water Safety Foundation
2001 George Young
2002 Adolph Kiefer
2004 Mike Stromberg

cc: Safety Education Committee



Adolph Kiefer Safety Commendation Nomination Form

I would like to nominate the following individual or group for the USA Swimming Safety Commendation:

Name: _____
(can be individual, group or organization)

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Criteria for selecting someone for this award will include how they have made swimming a safer sport. This can be as an individual act, what a club or organization has done, or at the Local Swimming Committee (LSC) level.

Write an explanation as to why you feel this individual or group should receive the USA Swimming Safety Commendation. Use a second sheet of paper and/or send newspaper articles, documentation, etc. if appropriate.

Explanation:

Your name and daytime phone, if further information is required:

Name _____ Phone _____

Return to:

Carol Burch
Member Services Director
USA Swimming; 1 Olympic Plaza; Colorado Springs, CO 80909
Fax: 719/866-4050
E-mail: cburch@usaswimming.org