

NOMINATION FORM

Name in Full: _____

Place of Birth : _____

Complete Current Address: (Important)

Categories

Check One		
Individual <input type="checkbox"/>	Builder <input type="checkbox"/>	Team <input type="checkbox"/>

Tel: _____

Please include newspaper clippings, letters, photos, etc... that will support the nominee.
If deceased (when): _____

Personal Information – Address: _____

Family Spouse's Name: _____

Family Information: _____

Occupation: _____

Sports played or participated in:

Sport	Team	League	Date

Personal Attributes – Include character, skills, ability, sportsmanship, special award, etc.

If Team (**include all members with their complete mailing addresses.** Use extra sheet if necessary):

Name of person and/or group making nomination: _____

Address: _____

Telephone #: _____ Date: _____