



SPORT HALL OF FAME Nomination Form

Please complete this form as fully as possible.

NOMINEE FULL NAME (Teams provide a contact name): _____

DATE OF BIRTH: DD/MM/YY _____ PLACE OF BIRTH: _____

IF DECEASED, DATE OF DEATH: DD/MM/YY _____

MAILING ADDRESS: _____

HOME PHONE: _____ BUS. PHONE: _____

EMAIL: _____

HOW LONG HAS NOMINEE LIVED IN EAST FERRIS (YEARS) _____ FROM: _____ TO: _____

IF NOMINEE MOVED FROM EAST FERRIS, WHERE TO? _____

LEFT EAST FERRIS IN (YEAR): _____ IF RETURNED, IN (YEAR): _____

NOMINATION IS FOR: (ATHLETE AND BUILDER MAY BOTH BE CHECKED IF APPROPRIATE):

☐ ATHLETE

☐ BUILDER

☐ TEAM

MAIN SPORT(S): _____

BUILDER CATEGORY(S) (COACH, OFFICIAL, EXECUTIVE, SPONSOR, ETC.): _____

LEVEL OF INVOLVEMENT: (PLEASE CHECK APPROPRIATE CATEGORIES)

☐ LOCAL

☐ NATIONAL

☐ PROFESSIONAL

☐ REGIONAL

☐ INTERNATIONAL

☐ SANCTIONED

☐ PROVINCIAL

☐ AMATEUR

☐ NON-SANCTIONED

IF SANCTIONED, PLEASE INDICATE BY WHAT GROUP(S): _____

HONOURS RECEIVED OR WON: _____

PLEASE PROVIDE ANY FURTHER DETAILS OF NOMINEE'S INVOLVEMENT AND WHY YOU FEEL THE NOMINEE SHOULD BE SELECTED:

(Attach supporting documents as required)

[illegible]

I hereby certify that, to the best of my knowledge, the above information is true, and I endorse this application is for the East Ferris Sports Hall of Fame.

NOMINATOR: _____ DATE: _____

RESEARCH COMPLETED BY: _____

CONTACT PHONE: _____

CONTACT ADDRESS: _____

PLEASE RETURN COMPLETED FORMS AND DOCUMENTATION TO:

RECREATION COORDINATOR
1267 VILLAGE ROAD
ASTORVILLE, ONTARIO P0H 1B0

recreation@eastferris.caANNUAL INTAKE PERIOD: JANUARY 1ST TO AUGUST 30TH