



ANNUAL SPORTS 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:

MAILING ADDRESS:

HOME PHONE:

BUS. PHONE:

EMAIL:

HOW LONG HAS NOMINEE LIVED IN EAST FERRIS (YEARS)

FROM:

TO:

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 **IN THE CURRENT CALENDAR YEAR:** (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 IN THE CURRENT CALENDAR YEAR:

PLEASE PROVIDE ANY FURTHER DETAILS OF THE NOMINEE'S INVOLVEMENT **IN THE CURRENT CALENDAR YEAR** AND WHY YOU
FEEL THE NOMINEE SHOULD BE SELECTED:
(Attach supporting documents as required)

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

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.ca

ANNUAL INTAKE PERIOD: JANUARY 1ST TO AUGUST 30TH