



## 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)*

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*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.ca](mailto:recreation@eastferris.ca)  
ANNUAL INTAKE PERIOD: JANUARY 1<sup>ST</sup> TO AUGUST 30<sup>TH</sup>