

## NORTH BAY SPORTS HALL of FAME

## NOMINATION FORM

Please complete the information on this form to the best of your ability and knowledge.

NOMINEE: (FUL	l name)						
DATE OF BIRTH: DD/MM/YY			PLACE OF BIRTH:				
IF DECEASED, D	PATE OF DEATH: DD/N	им/үү					
ADDRESS:							
HOME PHONE:			BUS. PHONE:	BUS. PHONE:			
EMAIL:							
HOW LONG HAS	S NOMINEE LIVED IN	north bay (in yr:	s.)? FROM	то	return?/ yr.		
NOMINEE'S OTH	IER CITIES OF RESIDE	NCE:					
NOMINATED AS	: (CHECK ONE OR BO	TH) 🗖 ATHLETI	E 🚨 BUILDER				
KEY SPORT(S):							
BUILDER CATEG	ory(s): (coach, off	FICIAL, EXEC., SPON	ISOR, MEDIA, ETC.)				
LEVEL OF INVO	LVEMENT: (CHECK AP	PROPRIATE DESIGN	ations)				
LOCAL	☐ REGIONAL	☐ PROVINCIAL	☐ NATIONAL	☐ INTER	NATIONAL		
☐ AMATEUR	☐ PROFESSIONAL	☐ SANCTIONED	☐ NON SANCTIONE	)			
IF SANCTIONED	, INDICATE BY WHAT	GROUP(s):					
HONOURS RECE	EIVED OR WON:						

Please provide a complete narrative describing the activities and achievements of the individual being nominated.  Attach supporting documents as required.					
I hereby certify that, to the best of my known this application for induction to the North I					
NOMINATOR:	NOMINATED DATE:				
RESEARCH BY:					
CONTACT PHONE:	RETURN FORM TO:				
CONTACT ADDRESS:	Mr. Peter Handley 309 Cedar Heights Road W. R.R. #2 North Bay, ON P1B 8G3				