

Nomination Biographical Form "Athlete" Candidate						
	Nomine	e Cont	act Inforr	mation		
Full Name:				Nickname	•	
Home Address:						
City:		Provinc	e/State:		Postal Code:	
Date of Birth*:		Place of Birth*:				
Phone (Home)*:			Phone (C	ell)*:		
Email*:						
If Deceased (indica	ite year):					
Contact Family Me	mber Name*:					
Contact Family Me	mber Email*:					
	Edu	cation	Backgrou	nd		
Elementary Schoo	l					
Attended:						
Years Attended:						
Secondary School						
Attended:						
Years Attended:						
University/College	<u> </u>					
Attended:						
Years Attended:						
	Sports History 8	& Achie	evements	(state ye	ars):	
Early Years (6 to 1	4 years)				-	
Year		Awar	ds / Cham _l	oionships W	/on	
Year	Year Specific Athletics Achievements					
Adolescent Years	(15 to 19 years)					
Year Awards / Champ			oionships W	/on		
Year		Specif	fic Athletic	s Achievem	ents	

Adult Years (20 ar	nd over)					
Year	Awards / Championships W	on				
	, , , , , , , , , , , , , , , , , , ,					
Year	Specific Athletics Achievements					
	<u> </u>					
	Other Notable Accomplishments (state ye	arel:				
Year		-				
rear	Notable Accomplishments					
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Persons who sign	ificantly contributed to your athletic career?					
If you have a port	folio of information, may we contact you? Check					
one	Tono or information, may the contact your eneck	Yes:	No:			
Submission Proce						
Chuck Smith, Chair, S						
	ty Sports Hall of Fame					
401 Pitt Street West	ional Aquatic & Training Centre					
Windsor, ON N9A 0B2						
Or email to: chucksn	nith5576@gmail.com					
	missions to the Selection Committee is December 31	to be considere	d for			
the following year.						
*This information i	s required to submit the nomination.					

Nominators Name:					
Nominators Contact Info.:	Ph.#:	Email:			