

Nomination Biographical Form "Builder" Candidate							
Contact Information							
Full Na	ime:		Ni	ckname:			
Home	Address:						
City:		Prov./State	e:	Postal Code:			
Date o	f Birth*:		Place of Birth*				
Phone (Home)*:			Phone (Cell)*:				
Email*	:						
If Deceased (indicate year):							
Contac	ct Family Member Name*:						
Contac	ct Family Member Email*:						
Education Background							
Elementary School							
Attend	led:						
Years /	Attended:						
Secon	dary School						
Attend	led:						
Years /	Attended:						
Unive	rsity/College						
Attend	led:						
Years /	Attended:						
	Builder	History	(state years):				
	(i.e. Administrator, Announcer, Coach, Manager, Official, Sports Writer, Umpire, etc.)						
Year	Specif	ic Position (	Volunteer or Pa	iid)			
Sports History & Achievements (state years):							
Year		Specific Ac	hievements				

Other Notable Accomplishments (state years):					
Year	r Notable Accomplishments				
Perso	ns who significantly contributed to ye	our athletic career?			
If you have a portfolio of information, may we contact you? Check one		Yes:	No:		
Submission Process:					
Windso c/o: Wi 401 Pitt Windso	Smith Gelection Committee or / Essex County Sports Hall of Fame ndsor International Aquatic & Training Centro t Street West or, ON N9A 0B2 il to: chucksmith5576@gmail.com	9			

Deadline for all submissions to the Selection Committee is December 31 in order to be considered for the following year.

\*This information is required to submit the nomination.

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