

NORTH BAY SPORTS HALL OF FAME NOMINATION FORM

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

Nominee: (F	ull Name) _					
Date of Birth	n: Day	_ Mo	Yr	Place of Bir	rth:	
If Deceased:	Date of De	ath: Day _	Mo	_ Yr	_	
Address: Email:			_ Home	Phone:		
How long ha	s nominee 1	ived in Nor	th Bay (in yrs.)	? From	To	Return / Yr
Nominee's C	Other Cities	of Residenc	e:			
Nominated a	s: (check on	e or both) A	Athlete E	Builder		
Key Sport(s)	:					
Builder Cate	gory(s): (co	ach, official	, exec., sponso	r, media, etc.)		
Level of Invo	olvement: (c	heck appro	priate designati	ons)		
Local	Regional _	Pro	vincial	National	Internationa	1
Amateur	Profess	ional	Sanctioned _	Non Sa	anctioned	_
If sanctioned	l, indicate by	what grou	p(s):			
Honours Rec	ceived or Wo	on:				

Please file complete details on nominee on the reverse side of this page.

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 knowled induction to the North Bay Sports Hall of Fame	lge, the above facts are true and I endorse this application for e.						
Nominator:	Return form to:						
Research by:	Dave Saad.						
Contact Phone:	469 Maplewood Avenue,						
Contact Address:	P1B 8Z3						
	cell - 705-472-7041						
Nominated Date:	oman <u>aarosaaare gman.com</u>						