



NORTH BAY SPORTS HALL OF FAME

NOMINATION FORM

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

Nominee: (Full Name) _____

Date of Birth: Day _____ Mo. _____ Yr. _____ Place of Birth: _____

If Deceased: Date of Death: Day _____ Mo. _____ Yr. _____

Address: _____ Home Phone: _____

_____ Bus. Phone: _____

Email: _____

How long has nominee lived in North Bay (in yrs.)? _____ From _____ To _____ Return / Yr. _____

Nominee's Other Cities of Residence: _____

Nominated as: (check one or both) Athlete _____ Builder _____

Key Sport(s): _____

Builder Category(s): (coach, official, exec., sponsor, media, etc.) _____

Level of Involvement: (check appropriate designations)

Local _____ Regional _____ Provincial _____ National _____ International _____

Amateur _____ Professional _____ Sanctioned _____ Non Sanctioned _____

If sanctioned, indicate by what group(s): _____

Honours Received or Won: _____

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

[illegible]

Nominator: _____

Research by: _____

Contact Phone: _____

Contact Address: _____

Nominated Date: _____

Return form to:
Dave Saad,
Nomination Chair,
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North Bay, On
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cell - 705-472-7041
email - davesaad1@gmail.com