

SOFTBALL CANADAHall of Fame Nomination Forms



Please fill out this form in its entirety and note that it must be **TYPEWRITTEN** or **CLEARLY PRINTED**. Please attach additional sheets if required.

INFORMATION:

| 1. | Name (in full) | of Nominee: | | | | | | | | |
|----|--|----------------|------------------|----------------|----------|--|--|--|--|--|
| 2. | Place of Birth: | | Date of Birth: _ | Date of Birth: | | | | | | |
| | If the nominee was born outside of Canada, what year did he/she attain Canadian citizenship or permanent immigrant status? | | | | | | | | | |
| 3. | Current Address: | | | | | | | | | |
| | | Street Address | | | | | | | | |
| | | City | Province/Terri | tory Pos | tal Code | | | | | |
| | Telephone: | | Email: | | | | | | | |
| 4. | If deceased, date of passing: | | | | | | | | | |
| | Where: | | | | | | | | | |
| | Next of Kin: | | | | | | | | | |
| | Address: | | | | | | | | | |
| | | Street Address | | | | | | | | |
| | | City | Province/Terri | tory Pos | tal Code | | | | | |
| | Telephone: | | Email: | | | | | | | |
| 5. | Which categor | mination? | | | | | | | | |
| | Athlete □ Builder □ Coach □ Official □ Team □ Pioneer □ | | | | | | | | | |

ELIGIBILITY INFORMATION – COACH CATEGORY

| Definition: Coaches wh | no have rendered prolonged and meritorious service to softball. |
|---|--|
| Each of the following qual (wherever possible). | lifications have been met and supported by documentation |
| Name of Coach: | Province/Territory: |
| To be eligible for nominat | ion in the Coach category the nominee has: |
| outstanding performar | _ |
| Yes O | No O |
| b) ÁPæç^Á&[æ&@åÁ¸ão@Áåã Ôæ)æåæÁÚ*{{^\ÁÕæ{ | acāj&cāj}ÁsænÁ,æcāj}ædÁ&[{]^cãcāj}}•ÁÇÔæ)æåãæ)ÁÔ@æ{]āj}•@āj•Áæ)å⊞0¦ ^•DÁjç^¦ÁsæÁj^¦ājåAj-ÁsænÁj^æ•cÁÁs^ç^}ÁÇ;DÁs^æ)•Á(Please list team(s) |
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| Oænd^EAY[¦åAO@æ{]ā[| co]&co]}ÁsecÁ^&[*}ã^åÁ(æb[¦Ásjc^¦}æco]}æda[{]^coana[}•ÁÇ¢ÈÁÓ[¦å^¦/ ;}•@a]•ÊÁÚæ)ÁOE(^¦&&æ)ÁŐæ(^•Áse)åЦÁÚ ^{{]&&ÁŐæ(^•DA[ç^¦ÁseÁ]^¦á •ÈÁ(Please list team(s)and year(s). |
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| AND | |
| d) Have made notable co | ontributions to the development of coaching inÂÔæ) æåæÈ |
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ADDITIONAL INFORMATION

| Name of Nominee: | | | | | |
|---|--|--|--|--|--|
| ategory being nominated: | | | | | |
| Please list below any other major achievements and contributions achieved nationally that may assist with the selection of the nominee. Please include the dates when each occurred. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please list below any other major achievements and contributions achieved internationally that may assist with the selection of the nominee. Please include the dates when each occurred. | | | | | |
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| Please list any awards won (include dates and related information) or other forms of recognition received by the Nominee. | | | | | |
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| | | | | | |
| Please provide any additional comments concerning the nominee's contribution to the sport of softball in Canada or internationally or provide information you feel warrants consideration by the Selection Committee. | | | | | |
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It is **IMPORTANT** to include the following **DOCUMENTATION**:

- Photographs
- News clippings or magazines articles
 - Letter(s) of support
- Any other items deemed important to nomination

Please forward all information to:

Gilles LeBlanc
Manager – Marketing and Communications Services
Softball Canada
223 Colonnade Rd, Suite 212
Ottawa, Ontario K2E 7K3
gleblanc@softball.ca

CLOSING DATE FOR RECEIPT OF NOMINATION IS APRIL 1 OF EACH YEAR

| Nominator-must be a Provincial or Territorial Association: | | | | | | | | | | |
|--|----------------|--------------------------------|--|--|--|--|--|--|--|--|
| Address: | Street Address | | | | | | | | | |
| | City | Province/Territory Postal Code | | | | | | | | |
| Telephone: | | _ Fax: | | | | | | | | |
| Email: | | _ Date Submitted: | | | | | | | | |
| For office use of | only | | | | | | | | | |
| Date Received | Acknowledg | lged by: Photographs (#) | | | | | | | | |
| | | Attachments (#) | | | | | | | | |