

SOFTBALL CANADA
Hall 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: _____

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/Territory

Postal Code

Telephone: _____ Email: _____

4. If deceased, date of passing: _____

Where: _____

Next of Kin: _____

Address: _____

Street Address

City

Province/Territory

Postal Code

Telephone: _____ Email: _____

5. Which category is the nominee to be considered for nomination?

Athlete

Builder

Coach

Official

Team

Pioneer

ADDITIONAL INFORMATION

Name of Nominee: _____

Category being nominated: _____

1. 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.

2. 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.

3. Please list any awards won (include dates and related information) or other forms of recognition received by the Nominee.

4. 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.



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 only

Date Received	Acknowledged by:	Photographs (#) _____
_____	_____	Attachments (#) _____