

N	omination Biogra	phical	Form "Builder"	Candidate	
	Nomine	ee Conta	act Information		
Full Name:		Nickname:			
Home Address:			-		
City:		Provinc	e/State:	Postal Code:	
Date of Birth*:			Place of Birth*:		
Phone (Home)*: Phone (Cell)*:					
Email*:					
If Deceased (indic	ate year):				
Contact Family M	ember Name*:				
Contact Family M	ember Email*:				
	Edu	cation I	Background		
University/Colleg	e				
Attended:					
Years Attended:					
Secondary School					
Attended:					
Years Attended:					
Elementary School	ol				
Attended:					
Years Attended:					
	Builder	Histo	ry (state years):		
(i.e. Admir	nistrator, Announcer, Co	oach, Ma	nager, Official, Sport	s Writer, Umpire, etc.)	
Year	Specific Position (Volunteer or Paid)				
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Spor	ts History & Achievement	s (state	years):					
Year	Specific Achievements							
Oth	ou Natabla Assamplishmants /	stata va	\					
Other Notable Accomplishments (state years):								
Year	Notable Accomp	oiisnment	S					
Persons who significantly c	ontributed to your athletic career?							
If you have a partfalia of in	formation, may we contact you? C	hook		T				
one	ioimation, may we contact you? C	HECK	Yes:	No:				
Culturalization Dunances								
Submission Process: Chuck Smith, Chair, Selection Co.	mmittee							
Windsor / Essex County Sports Ha								
c/o: Windsor International Aquat	ic & Training Centre							
401 Pitt Street West								
Windsor, ON N9A 0B2 Or email to: chucksmith5576@g	rmail com							
Or email to. chucksmith3370@{	gman.com							
Deadline for all submissions the following year.	to the Selection Committee is Dece	mber 31 t	o be considered	l for				
*This information is required	to submit the nomination.							
Nominators Name:								
Nominators Contact Info.:	Ph.#:	Email:						