

Nomination Biographical Form "Athlete" Candidate						
Nominee Contact Information						
Full Name:	Nickname:					
Home Address:	·					
City:	Province/State:	Postal Code:				
Date of Birth*:	Place of Bi	Place of Birth*:				
Phone (Home)*:	Phone (Cel	l)*:				
Email*:						
If Deceased (indic	ate year):					
Contact Family Me	ember Name*:					
Contact Family Me	ember Email*:					
	Education Backgroun	d				
University/Colleg	je					
Attended:						
Years Attended:						
Secondary School	l					
Attended:						
Years Attended:						
Elementary Schoo	bl					
Attended:						
Years Attended:						
	Sports History & Achievements (state years):				
Adult Years (20 ar	nd over)					
Year						
Year	Specific Athletics	Achievements				

Adolescent Years (15 to 19 years)			
Year	Awards / Championships Won		
Year	Specific Athletics Achievements		
Early Years (6 to 14 years)			
Year	Awards / Championships Won		
Year	Specific Athletics Achievements		

Other Notable Accomplishments (state years):				
Year Notable A	Notable Accomplishments			
Persons who significantly contributed to your athletic ca	areer?			
If you have a portfolio of information, may we contact y	ou? Check	Yes:	No:	
one		103.	110.	
Submission Process:				
Chuck Smith, Chair, Selection Committee				
Windsor / Essex County Sports Hall of Fame				
c/o: Windsor International Aquatic & Training Centre				
401 Pitt Street West				
Windsor, ON N9A 0B2				
Or email to: chucksmith5576@gmail.com				
Deadline for all submissions to the Selection Committee is	December 31	to be conside	ered for	

the following year.

*This information is required to submit the nomination.

Nominators Name:				
Nominators Contact Info.:	Ph.#:	Email:		