ATHLETE

2024 Nomination Form

Springwater Sports Heritage Hall of Fame

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Nominators, please provide as much pertinent information as possible to support your nominee and aid the selection committee with their deliberation. Copies of newspaper articles, links to supportive websites, biographies or other documentation, associations and individual endorsements will be used to assess the nominee’s achievements. It may also be beneficial to review the existing Inductees on the website to assist in preparing a nomination. The 2024 Induction Guidelines and supporting material are available on the website. The confidentiality of the nominators and nominees will be protected.

NOMINATOR (person or group):

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| --- | --- | --- | --- | --- |
|  |  | |  | |
| Surname | First Name | | Middle Name | |
|  |  | |  | |
| Address Line 1 |  | |  | |
|  |  | |  | |
| Address Line 2 |  | |  | |
|  |  | |  | |
| City/Town | Province | Country | | Postal Code |
|  |  |  | | |
| Home Phone | Mobile Phone | Email | | |

ATHLETE NOMINEE:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | |  | | |
| Surname | | First Name | | | | Middle Name | | |
|  | |  | | | |  | | |
| Address Line 1 | |  | | | |  | | |
|  | |  | | | |  | | |
| Address Line 2 | |  | | | |  | | |
|  | |  | | | |  | | |
| City/Town | | Province | | | Country | | | Postal Code |
|  | |  | | |  | | | |
| Home Phone | | Mobile Phone | | | Email | | | |
|  | | | |  | | |  | |
| Place of Birth | | | | Date of Birth | | | Year Retired | |
| If Deceased |  | |  | | | | | |
|  | Date of Passing | | Place of Resting | | | | | |

**DELIGATE (If Nominee is deceased, please provided details of a family representative or delegate):**

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| --- | --- | --- | --- | --- | --- |
|  |  | | |  | |
| Surname | First Name | | | Middle Name | |
|  |  | | |  | |
| Address Line 1 |  | | |  | |
|  |  | | |  | |
| Address Line 2 |  | | |  | |
|  |  | | |  | |
| City/Town | Province | Country | | | Postal Code |
|  |  | |  | | |
| Home Phone | Mobile Phone | | Email | | |

Identify the sport(s) the Nominee is being nominated for:

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Describe how the Nominee meets the Springwater Township geographical requirement:

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Outline how the Nominee meets the “Waiting Period” (5 years) requirement or rational why they should receive special consideration. Include the date of retirement if applicable:

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| Date of Retirement |
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Identify the **HIGHEST LEVEL OF COMPETITION** achieved by the Nominee in their sport and briefly summarize the progressive competitive steps of the sport from beginning to highest during the era they were competing:

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Outline the **RESULTS ATTAINED** (e.g., medalist, championship), including dates, by the Nominee at their highest level of competition. If the Nominee is a member of a team highlight their degree of contribution:

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List any **EXCEPTIONAL ACHIEVEMENTS** including available statistics that pay tribute to the Nominee’s successes. (e.g., record(s) set, multi-sport achievements, awards won, leadership, recognition by others):

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Identify and explain the **FREQUENCY** (i.e. number of times) the Nominee was able to achieve success at the highest levels:

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Outline the **DEGREE OF DIFFICULTY** the Nominee experienced. Significant variants and circumstances exist between individuals and sports. Some items to consider would be: **A**) compare to other sports, competitors, circumstances **B**) era **C**) number of athletes competing **D**) years competing  **E**) qualifying levels  **F**) categories **G**)exceptional challenges (personal and other):

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In addition to the birth date provided above include the **AGE OR HEALTH CONDITION** that should be considered. On occasion it may be appropriate to provide some added advantage to a Nominee given their age or health condition.

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Outline in detail the Nominee’s **PERSONAL ATTRIBUTES**. It’s expected the Nominee will have exemplary values, integrity, good citizenship, leadership and community involvement. Value will also be added if they assisted with the development and advancement of their sport(s).

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Add any ADDITIONAL relevant material to support nomination. Attach extra pages if required:

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Please note the following:

* Include copies of any newspaper articles, photos, letters of support or information that reinforces the nomination
* It’s expected one of the photos will be used to create a “headshot” (a tightly cropped photo of the face from the shoulders up) as the main photo of the Athlete
* If at any time you receive additional information you can forward the information and it will be added to the Nominee’s file
* Nomination packages will not be returned

NOMINATOR:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date Sent | Print Name | Signature |

SSH USE ONLY:

|  |  |
| --- | --- |
|  |  |
| Date Received | Date Acknowledged |

**NOTE THE DEADLINE FOR RECEIVING THE COMPLETED FORM IS MARCH 31, 2024**

Please submit digitally via email to [info@springwatersportsheritage.ca](mailto:info@springwatersportsheritage.ca) and ensure you receive a confirmation notice. If unable to submit digitally please mail/drop off completed Nomination Forms to/at:

**Springwater Sports Heritage Hall of Fame  
2231 Nursery Road  
Minesing ON,  
L9X 1A8**