BUILDER

2024 Nomination Form

Springwater Sports Heritage Hall of Fame



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 nominees will be protected.

NOMINATOR (person or group):

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

BUILDER 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 |  |
| If Deceased |  |  |
|  | Date of Passing | Place of Resting |

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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 was involved with:

|  |
| --- |
|  |

Describe how the Nominee meets the Springwater Township geographical requirement:

|  |
| --- |
|  |

Explain in detail the **ACHIEVEMENTS** accomplished by the Nominee. Include any exceptional achievements that pay tribute to the Nominee’s successes. (e.g. record(s) set, multi-sport contribution, awards won, leadership contributed, recognition by others). Attach extra pages if required:

|  |
| --- |
|  |

Identify the overall **DURATION & DEGREE** the Nominee was involved with the above achievements:

|  |
| --- |
|  |

Identify the different **LEVEL OF SPORT(S)** and related time frames the Nominee was involved with:

|  |
| --- |
|  |

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. If relevant, 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 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**