

Nominators, please provide as much pertinent information as possible to support your Team 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 Team'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 Team 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	
TEAM:			
Team Name		Sport	
Community Represented	Category/ Classification	From To Time Period as a Team	
Surname Team Contact	First Name	Middle Name	
Address Line 1			
Address Line 2			
City/Town	Province	Country	Postal Code
Home Phone	Mobile Phone	Email	

Describe how the Team meets the Springwater Township geographical requirement:

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:

Outline the **RESULTS ATTAINED** (e.g. medalist, championship), including dates, by the Team at their highest level of competition:

List any **EXCEPTIONAL ACHIEVEMENTS** including available statistics that pay tribute to the Team's successes. (e.g. record(s) set, awards won, leadership contributed, recognition by others):

Identify and explain the **FREQUENCY** (i.e. number of times) the Team was able to achieve success at the highest levels. Highlight that the nucleus of team members remained intact over this period:

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

Provide the Team's current approximate average **AGE** and any special age or health related circumstances of the nucleus of team members that should be considered. It may be appropriate to provide some added advantage to a Team given their average age and any health issues:

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

Please note the following:

- Include one photo with names for each period to be used as the main photo of the Team(s)
- Include names and photos of missing members
- Include copies of any newspaper articles, photos, letters of support or information that supports the nomination
- If at any time you receive additional information you can forward the information and it will be added to the Team's file
- Nomination packages will not be returned

NOMINATOR:

Date Sent	Print Name	Signature	
SH USE ONLY:			

Date Received

Date Acknowledged

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

Please submit digitally via email to <u>info@springwatersportsheritage.ca</u> 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