



ANNUAL SPORT RECOGNITION AWARD Nomination Form

Please complete this form as fully as possible.

NOMINEE FULL NAME (Teams provide a contact name): _____

DATE OF BIRTH: DD/MM/YY _____ PLACE OF BIRTH: _____

MAILING ADDRESS: _____

HOME PHONE: _____ BUS. PHONE: _____

EMAIL: _____

HOW LONG HAS NOMINEE LIVED IN EAST FERRIS (YEARS) _____ FROM: _____ TO: _____

NOMINATION IS FOR: (ATHLETE AND BUILDER MAY BOTH BE CHECKED IF APPROPRIATE):

☐ ATHLETE

☐ BUILDER

☐ TEAM

MAIN SPORT(S): _____

BUILDER CATEGORY(S) (COACH, OFFICIAL, EXECUTIVE, SPONSOR, ETC.): _____

LEVEL OF INVOLVEMENT IN THE CURRENT CALENDAR YEAR: (PLEASE CHECK APPROPRIATE CATEGORIES)

☐ LOCAL

☐ NATIONAL

☐ PROFESSIONAL

☐ REGIONAL

☐ INTERNATIONAL

☐ SANCTIONED

☐ PROVINCIAL

☐ AMATEUR

☐ NON-SANCTIONED

IF SANCTIONED, PLEASE INDICATE BY WHAT GROUP(S): _____

HONOURS RECEIVED OR WON IN THE CURRENT CALENDAR YEAR: _____

[illegible]

NOMINATOR: _____ DATE: _____

RESEARCH COMPLETED BY: _____

CONTACT PHONE: _____

CONTACT ADDRESS: _____

ANNUAL INTAKE PERIOD: JANUARY 1ST TO AUGUST 30TH