



The Saskatchewan Sports Hall of Fame and Museum

2205 Victoria Avenue, Regina SK, S4P 0S4

Phone: 306-780-9232 Fax: 306-780-9427

ATHLETE NOMINATION FORM

PLEASE NOTE: Use of the nomination form is mandatory. Nominations received in a non-standard format will be returned for re-submission. Nomination deadline is September 1st annually.

PART A: NOMINEE INFORMATION

NOMINATED FOR PARTICIPATION IN THE FOLLOWING SPORT(S):

TITLE: Miss / Ms. / Mr. / Mrs./ Dr. / Other (Please Specify)

NAME:

ADDRESS: (please include postal code)

TELEPHONE: (Home) (Business)

FAX: E-MAIL:

DATE OF BIRTH: PLACE OF BIRTH:

IF DECEASED PLEASE PROVIDE DATE OF DEATH:

NEXT OF KIN:
(please include even if very much alive)

ADDRESS OF NEXT OF KIN: (please include postal code)

TELEPHONE: (Home) (Business if available)

I consent to my nomination being submitted for the Saskatchewan Sports Hall of Fame. I have reviewed the content of this nomination and declare that the information included is true and correct. I will allow my name to be published in connection with the Saskatchewan Sports Hall of Fame and Museum.

NOMINEE'S SIGNATURE: _____

DATE: _____

NOMINATOR INFORMATION

NOMINATOR NAME:

ADDRESS:(please include postal code)

TELEPHONE: (Home) (Business)

(Date of Nomination)

(Signature of Nominator)

PART C:

ACCOMPLISHMENTS AS AN ATHLETE

IF MORE SPACE IS REQUIRED FOR ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH ADDITIONAL PAGES.

1. **MERITORIOUS ACHIEVEMENT:** (Please list awards & honours bestowed upon the nominee during their athletic career. State the date of award, name of award, location of award and sponsor of award.)

Please list all halls of fame that the nominee is currently installed in and the year in which the installation took place.

2. **ATHLETIC VERSATILITY:** (Please list the nominee's involvement in other sports. Please provide specific dates and achievements recorded.)

3. **LONGEVITY:** (Please outline the nominee's accumulative involvement in sport. For each sport please list (1) year began, (2) year ended, (3) years not involved, if applicable, and (4) total # of years involved.)

PART D: **CONTRIBUTIONS AS A BUILDER**

PLEASE LIST DETAILS OF THE NOMINEE'S CONTRIBUTION TO SPORT IN THE CAPACITY OF A BUILDER. IF MORE SPACE IS REQUIRED PLEASE ATTACH ADDITIONAL PAGES.

PART E:

IF THE NOMINEE HAS CONTRIBUTED TO SPORT IN WAYS NOT COVERED BY SECTIONS B, C, AND D, PLEASE PROVIDE DETAILS HERE. IF MORE SPACE IS REQUIRED PLEASE ATTACH ADDITIONAL PAGES.

NOMINATION DEADLINE

Nominations MUST be received at the Saskatchewan Sports Hall of Fame and Museum by 5:00 p.m. on September 1st annually. Faxed or e-mailed copies of nominations are accepted with the understanding that a hard copy of the nomination and all required attachments is also on its way via a postal or courier service.

Nominations should be mailed to:

**Induction Selection Committee
Saskatchewan Sports Hall of Fame and Museum
2205 Victoria Avenue
Regina, SK
S4P 0S4**

FINAL CHECKLIST FOR NOMINATIONS:

Please ensure that you have included the following items in your package:

- Nomination Form completed in its entirety and signed by the nominator
- Nominee's signature acknowledging the accuracy of the information and authorizing submission of the Nomination Form
- A 4x5 inch black & white photograph of the nominee. Head & Shoulder photograph only. No scanned photographs.
- Photographer release form. Sample copy attached.
- Letters of support



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PHOTOGRAPHER RELEASE

I, _____, of _____

(Name - please print)

(Name of Company – please print)

photography studio, will allow the use of my photograph by the Saskatchewan Sports Hall of Fame and Museum (SSHFM) for the purpose of promoting _____

(Name of Inductee – please print)

for the Induction Dinner. This release entitles the SSHFM to use the above noted image on a poster, as a source to reproduce a pencil sketch from, in an exhibit, and in video presentations within the context of the Induction Dinner and the SSHFM exhibits. The SSHFM will provide a photograph credit in association with all uses.

_____ Yes, I agree

_____ No, I do not agree

Signature of Photographer

Date

Please provide the contact information for your photography studio below:

Name: _____

Address: _____

City/Province: _____

Postal Code: _____

Telephone #: _____

E-Mail: _____

Should you have any questions or concerns with regard to this request please contact Sheila Kelly, Executive Director, at (306) 780-9233 or via e-mail at sshfm@sasktel.net.