

CANADIAN LACROSSE HALL OF FAME

Application Form for Nominations (Please see Application Form Guidelines)

SECTION A

Date Submitted: _____

Name of Candidate: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone: Area Code: _____ **Home Phone:** _____ **Work Phone:** _____

Date of Birth: _____ **Place of Birth (City/Prov):** _____

Is this person deceased? **No** **Yes**

This Candidate is nominated by:

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone: Area Code: _____ **Home Phone:** _____ **Work Phone:** _____

SECTION B

Please refer to Application Form Guidelines

1. **Candidate is nominated in the category of:**

Box Player

Field Player

Builder

Veteran

Team

2. **Sports History:**

3. **Championships or Equivalent Major Events:**

4. **Personal and Team Records Held**

5. **Official Appointments in Sports (i.e., National, Provincial, etc.)**

6. **Short General History not included above**
