

Sports Hall of Fame Nomination Form

Name of Nominee		
Maiden Name (if appli	cable)	
Current or Last Known	Address	
City	Province	Postal Code
Phone (home)	Phone (cell))
Email		
Sport		
Level of Competition (Provincial, National or Interr	national)
Accomplishments (atta	ach additional information to	verify and support the application)

Nominator:		
Name		
	Province	
Phone (home)	Phone (cell)	
Email		
Nominator:		
Name		
	Province	
Phone (home)	Phone (cell)	
Email		
Signature		

Deadline for nominations is October 1 for consideration in the following year

Please return this form to:

Mission Parks, Recreation & Culture Department
Mission Leisure Centre
7650 Grand Street Mission, BC V2V - 3T3

Phone: 604-820-5350