

DEADLINE FOR SUBMISSIONS: The First Friday in May each year.

Niagara Falls Sports Wall of Fame Nomination Form

Please read the Niagara Falls Sports Wall of Fame Constitution before submitting a nomination form and please print clearly.

Nomination is for the following category (please check one):

Athlete _____, Team* _____, Builder _____,

Nomination is for the era: Pre 1990 _____, 1991 – Present _____

NOMINEE:

Name (if a team, contact name): _____

Address: _____ Postal Code: _____

Telephone No: (Residence) _____ (Mobile): _____

Email: _____

Complete the following for Athlete or Builder:

Date of Birth: (Day) _____ (Month) _____ (Year) _____

Place of Birth: _____

Is Nominee Deceased? No: _____ Yes: _____ If yes, year Nominee Passed Away: _____

How long has nominee lived in Niagara Falls? From _____ To _____
Year Year

Has nominee's mailing address ever changed from Niagara Falls? Yes _____ No _____

If yes, nominee moved to _____ in _____
Municipality Year

and returned to Niagara Falls in _____
Year

SPORT ACHIEVEMENT:

Name of sport nomination is for _____

Individual sport _____

Team sport _____

Level of involvement - Local _____

Regional _____

Provincial _____

National _____

International _____

PLEASE NOTE THAT THE SPORTS WALL OF FAME INDUCTION CEREMONY IS A PUBLIC EVENT

AWARD(S):

Amateur _____ Professional _____

Sanctioned _____ Non Sanctioned _____

If sanctioned, by what body? _____

Please provide on a separate paper, a complete narrative describing the activities and achievements of the person or team being nominated (include copies of paper clippings, documentation, etc.) as well as why you feel your nominee should be selected. All necessary proof to substantiate your information should accompany this application.

**** Please submit a clear black and white photo (approx. 5" X 7") of nominee(s) along with this form.**

Important! Incomplete nomination forms will be returned for further information and may not be eligible for this year's consideration.

CONSENT: I hereby certify that, to the best of my knowledge, the above facts are true and I endorse this application for induction to the Sports Wall of Fame.

Nominator or Organization (if any): _____

Email: _____

Telephone: (Residence): _____ Mobile: _____

Address: _____ Postal Code: _____

Deadline: Please return this nomination form prior to the first Friday in May to:

**City of Niagara Falls
Recreation & Culture
7150 Montrose Rd., Unit 1
Niagara Falls, ON L2H 3N3**

Telephone: 905-356-7521, Ext. 3330; Fax: 905-356-7404

Email: lalbanese@niagarafalls.ca

Website: www.niagarafalls.ca/swof

Please note: If your nomination is accepted, you may be asked for additional photographs and video.

Please read the Niagara Falls Sports Wall of Fame Constitution before submitting a nomination.

The Sports Wall of Fame Constitution is available at the Recreation & Culture Office (listed above) or online at: <https://www.niagarafalls.ca/living/citizen-awards/sports-wall-of-fame.aspx>

All nominees who are eligible for induction but are not selected for this year's Sports Wall of Fame, will be kept on file for future consideration for a period of three (3) years.

Team*: Please note that a "team" for Sports Wall of Fame purposes is defined as "any group of two or more athletes engaged in the same sport who work together as a unit in that sport". The team may be made up of members of the same sex or the sexes may be intermixed, providing the majority of the team have reached the age of 14 years, at the time of their accomplishment.