

Manitoba Lacrosse Hall of Fame & Museum Inc. APPLICATION FORM for NOMINATION

SECTION A

Completion of Sections A & B of this form in its entirety is mandatory.

Insufficient submissions will be returned to the nominator.

*Deadline for nominations is February 1, 2016

Name of Nominee:		
City:	Province:	Postal Code:
		Cell Phone:
Email:		
Date of Birth (d/m/y)	Place of Birth (city/prov):
Person Deceased? N	o Yes	
Name of Nominator(s):_		
Address:		D + 1 G 1
		Postal Code:
		Cell Phone:
Email:		
information presented in t	his nomination document is acc	
Signature of Nominee (un	less deceased).	
Date (day/month/year).	icss deceased)	
*Deadline for recei	nt of Nomination Form by the	Hall of Fame is: February 1, 2016
Deadine for recei	pt of Ivolimation I offit by the	rian of Fame is. February 1, 2010
For Use	by Manitoba Lacrosse Hall of	f Fame & Museum Inc.
Date Nomination Form	Received:	
Signature of Board Men	nber:	
Comments:		



Manitoba Lacrosse Hall of Fame & Museum Inc. NOMINATION FORM for INDUCTION

SECTION B

It is important to substantiate claims and qualifications made of behalf of the nominee. Therefore, be specific and provide as much factual detail as possible when completing this section. Furthermore, it is required that the nominee's information be organized in accordance with the headings listed below. Profiles of past inductees presented on our website (www.manitobalacrossehalloffame.com) may serve as useful examples.

N	ame of Nominee:_			
1	Candidate is nomina	ated in the following categ	orv.	
	Player	Builder	Player/Builder	Team
2.	Lacrosse History: *Include timeframe	, overview of career and k	xey milestones.	
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3.		Other Major Team-Relat		
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4.	Personal Performance-Related Achievements and Records:
	*Specify individual's career highlights, including event, date and statistics.
5	Official Appointments in Lacrosse (Provincial, National, International):
٥.	*Specify position and duration, date and notable accomplishments.
	Specify position and datation, date and notative accompnishments.
6	Summation and Closing Remarks:
٠.	*State your rationale for nominating this individual, including other pertinent information not
	presented above, such as the legacy of the nominee and impact on the game of lacrosse.



Manitoba Lacrosse Hall of Fame & Museum TESTIMONIALS

SECTION C

The Nomination Form may be supplemented by including testimonials of individuals attesting to the nominee's achievements and contribution to the game of lacrosse.

Name of Nominee:			
		TECTIMONIAL //1	
Nama of Witness		TESTIMONIAL #1	
Address (no let leits	//neax /na):		
Address (110./st./city	//prov./pc)	Email:	
Phone.	Cen	EIIIāII	
		TESTIMONIAL #2	
Name of Witness:			
Address (no./st./city	//prov./pc):	Email:	
Phone:	Cell:	Email:	
		TESTIMONIAL #3	
Name of Witness:_			
Address (no./st./city	//prov./pc):		
Phone:	Cell:	Email:	