# **Township of Terrace Bay Sports Wall of Fame**





# **TEAM Nominee Information**

Date of Submission:						
Team Name:						
Terrace Bay School or Terrace Bay Sport Organization						
Years in Active Competition:				Sport:		
Name of Team Contact:						
Address of Team Contact:			Provin		Province	:
Current or last known	City:				Postal Code:	
Email:		1			1	
Phone:			Alternate Phone:		e:	
	l					
If Team Contact is deceased, please (mm/dd/yyyy):	provide da	te of death				
Next of Kin:						
Current Address:						
Phone:			Ema	il:		
This section must be signed by the n	ominee rej	oresenting the	tear	n or nominee's n	ext of kin (I	isted above).
I consent to this team nomination be reviewed the content within this no	_					cluding photos. I have
Nominee's or Next of Kin's Signature			_			

## **Team Roster**

Team Members and Coaches (include individual information if available)

Jersey #	nbers and Coaches (include individual Name	Current Address	Phone	Email

# **Team Profile**

Required Sections	
Sport	
Terrace Bay Roots	
Terrace Bay Organization	
Contribution to Sport	

Caree	r Stats								
Year or	Year Rang	e Team/Organization	on	Highlights					
Major	Achiever	ments (Champion	ships and Awards)						
Year	Achievem	nent	Description	Description (Team, Organization, Olympic Games, World Championship)					
			(Team, Organization, Olyr	npic Games, world Championship	)				
Photo N  1  Was the sport if a REFER	e team in goo applicable?	□ YES □ NC	)	related local, provincial, nation					
	ces may be ce required.	·	ne or all of the information	provided in this application. M	mimum of one				
Name		Phone	Team/Organization	Relationship	Years Known				
NOM	INATION	N PACKAGE REC	UIREMENTS						
Please ir	nitial on eac	h line below to acknow	rledge you:						
	Have compl	leted all sections of the	form. (incomplete forms w	vill be returned to the nominato	r)				
	may be use	d for publicity purpose		bly during competition) or menease provide a description of the who took the photo.					
	Have signed	d permission or consen	t of nominee or next of kin.						
Terrace	Bay Sports \	Wall of Fame. Nomina	tions will be kept on file for	e Bay to be used and displayed three (3) years. Additional pho or medals and any other suppo	otos, testimonials,				

are encouraged to be included in the submission. We encourage copies of photos, articles, etc., over the submission of original material.

Nominations should be submitted to sportswalloffame@terracebay.ca

#### Or

Township of Terrace Bay Sports Wall of Fame Committee P.O. Box 40, Terrace Bay, ON POT 2W0

## **Nominator's Information**

Name of Nominator:						
Street Address:				Province:		
	City:			Postal Co	ode:	
Email:		•				
Phone:		Alternate Phon		<u>;</u> :		
By signing this document, the nomina of their knowledge and that all nomin incomplete until the photo and all oth documents, including photos, become Fame.	ation package ner informatio	requirements hav n has been receive	e been included. Thi d. Upon submitting t rrace Bay and the To	s nomination the nominat	n will l ion, al	be considered Il supporting
Nominator's Signature			Date			

If you have any questions, please contact <a href="mailto:sportswalloffame@terracebay.ca">sportswalloffame@terracebay.ca</a> or by phone at 807-825-3315 ext.225