



Ingersoll Sports Hall of Fame NOMINATION FORM

CATEGORY: Individual Sports Team Association
(Please circle one)

FULL NAME _____
PREVIOUS LEGAL NAMES YES NO
IF YES: _____
NICKNAME _____
PHONE (Home) _____ (Work) _____
EMAIL _____
SPORT _____

1. NOMINATED BY: (2 Individual Signatures Required)

NAME _____
STREET ADDRESS _____
CITY _____ POSTAL CODE _____
PHONE (Home) _____ (Work) _____
EMAIL _____
SIGNATURE _____ DATE _____

2. NOMINATED BY: (2 Individual Signatures Required)

NAME _____
STREET ADDRESS _____
CITY _____ POSTAL CODE _____
PHONE (Home) _____ (Work) _____
EMAIL _____
SIGNATURE _____ DATE _____

Please provide supporting material for your candidate, including photographs, to help the Selection Committee better understand that individual, sports team or community member (i.e. letter of reference, a letter of endorsement from the governing sport body, newspaper clippings, photographs, etc.).

1. Sports Played & Relevant Teams:

2. Explain how this candidate's athletic achievement gained regional, provincial, national or international recognition.

3. Special Awards, Distinctions & Records:

4. Has the nominee received previous recognition for this sport?
If yes, from what group?

5. Please list information on the nominee's strengths and the reason why you feel this individual, or team should be considered as an Ingersoll Sports Hall of Fame candidate.

6. Is this candidate deceased? (Please circle one) YES DATE: _____ NO

**TO BE CONSIDERED
PLEASE SUBMIT FORMS BY:
4:30 PM, August 1, 2025**

Ingersoll Sports Hall of Fame Selection Committee
c/o Victoria Park Community Centre
ATTN: Kyle Stefanovic
355 Wellington St,
Ingersoll, ON
N5C 1T2

Or email form to both
kyle.stefanovic@ingersoll.ca
joe.sym@ingersoll.ca

OFFICE USE ONLY
REVIEW DATE: _____
APPROVED: _____ DENIED: _____
Signature of Selection Committee Chair: _____