



Hall of Fame Nomination Form

Name of Nominee:
Sport of Nominee:

This box is to be completed by OBSA administration.

Date Received: _____

Nomination Year: _____

Information on Nominator (person making the nomination)

Last Name:	First Name:
Mailing Address:	
Phone Number:	Email:
Please Note: If you are not a member of OBSA you are NOT eligible to submit a nomination. Please Review the OBSA Hall of Fame Inductee Policies and Procedures document. To become a member, visit the OBSA website and submit an online membership form.	

Information on the Nominee (person being nominated)

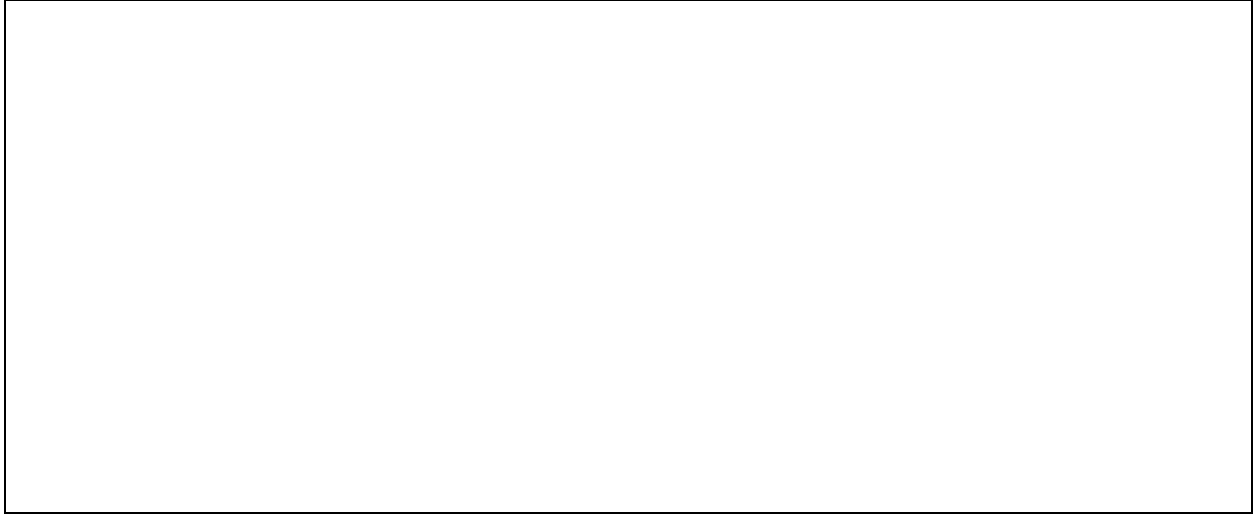
Last Name:	First Name:
------------	-------------

Check Category:

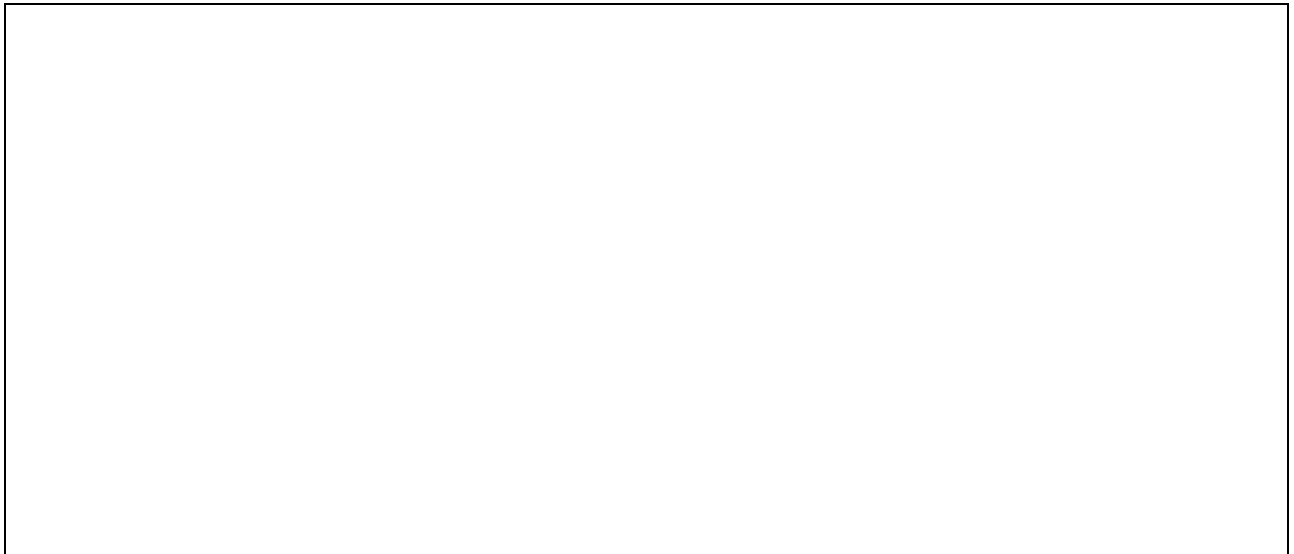
Athlete <input type="checkbox"/>	Builder <input type="checkbox"/>	Support <input type="checkbox"/>
Individual <input type="checkbox"/>	or	<input type="checkbox"/>
Team _____	Sport _____	Role _____
Mailing Address:		
Phone Number:	Email:	
Date and place of Birth:		
If deceased, please provide date of death		
Please Note eligibility criteria in the OBSA Hall of Fame Inductee Policies and Procedures document.		

Please attach a photo or the nominee if available and feel free to attach additional information as well as completing this form.

List the Major achievements or contributions of the nominee. Include any hall of fame inductions, major sports awards and championships.



Comment on the nominee's exemplary values and strong personal characteristics.



How has the nominee contributed to bringing sport opportunities for athletes in Ontario who are blind or visually impaired?

Provide general comments outside of the achievements and results that you feel will further the nominee's support for induction into the OBSA Hall of Fame.

Thank You for taking the time to submit your nomination.

Please send this nomination form and any other relevant document to:

Ontario Blind Sports Association
Suite#184
6-14845 Yonge Street,
Aurora, ON L4G 6H8