

# Capital Area Chapter of PA Sports Hall of Fame OFFICIAL NOMINATION FORM

Name of Person making the Nomination:

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

## Nominee Information

Nominee: Nominee Email Address:

Mailing Address: \_\_\_\_\_ Years separated from sport: \_\_\_\_\_ NA \_\_\_\_\_

Nominee Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

*If deceased:* Deceased Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

## If the nominee is deceased, who will accept the award?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Nominee's Resume

*Please detail the Nominee's accomplishments, awards, community service, or any other notable achievements. You may also attach a written resume or photos. Attach below or mail with the completed Nomination Form. Additionally, should the nominee be selected, they MUST attend the Induction Ceremony. In the event they are unable to do so, their induction will be honored for no more than three (3) years. After three (3) years, the nomination must be resubmitted. Health Reasons are the exception. ENTER RESUME CREDENTIALS BELOW.*

If mailing return to:

Franklin, "Beau" Gantz, President, Capital Area Sports Hall of Fame, PO Box 126451, Harrisburg, PA 17112-6451, or click on SUBMIT BUTTON

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### Committee Use Only

Type of Nomination: Living: \_\_\_\_\_ Deceased: \_\_\_\_\_ Date Received: \_\_\_\_\_