



# HALL OF FAME NOMINATION FORM

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**NOTE- Nominee must have achieved a clear level of excellence that sets him or her apart and have done so over an extended period of time.**

Name of Nominee: \_\_\_\_\_ Age: \_\_\_\_\_

Their Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Their Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Sports(s) With Which Associated: \_\_\_\_\_

Number Of Years Residing In York County: \_\_\_\_\_

**On a separate page please provide:**

**Athletic Accomplishments/Awards & Contributions To The York Area Community**

Submit as much information as possible. Send copies of everything that's available. Include all pertinent information.

**Please Mail Completed Form To:  
York Area Sports Hall of Fame  
c/o Charles E. Jacobs  
1853 Herman Drive, York, PA 17408**

**NOMINATIONS MUST BE SUBMITTED BY MARCH 1<sup>st</sup>**

