

**WINDSOR/ ESSEX COUNTY SPORTS HALL OF FAME AND MUSEUM
NOMINATION CANDIDATE FOUNDER BIOGRAPHICAL FORM**

Name: _____ Date of Birth: YY _____ MM _____ DD _____
 Address: _____ Place of Birth: _____
 City: _____ Prov. _____ Postal Code _____ Phone Number: (Home) _____ (Business) _____

ELEMENTARY SCHOOL		SECONDARY SCHOOL	
Attended: _____	Years attended: _____	Attended: _____	Years attended: _____
COLLEGE		UNIVERSITY	
Attended: _____	Years attended: _____	Attended: _____	Years attended: _____

FOUNDER HISTORY
 (i.e: Administrator, Announcer, Coach, Manager, Official, Sports Writer, Umpire) _____

LIST POSITION(S)/ YEARS OF SERVICE/ ACCOMPLISHMENTS

PERSONS WHO SIGNIFICANTLY CONTRIBUTED TO YOUR ATHLETIC CAREER

IF YOU HAVE A PORTFOLIO OF INFORMATION, COULD WE CONTACT YOU? YES NO

NOTES: Please submit two (2) photographs (action and still) which you consider appropriate for a newsletter and for posting on the web site, if and when your candidacy for induction is successful.

SEND TO: SHEILA WRIGHT
 601-3905 Riverside Drive East
 Windsor, Ontario, Canada N8Y 1B3