Newfoundland and Labrador Athletics Association

HALL OF FAME NOMINATION FORM

NOMINEE:			
Category: Athlete	_	Official/Coach	
NOMINEE CONTACT (If nominee is deceased, p	INFORMATION	mation for a family member.)	
Name:			
Address:			
City/Town:			
		Postal Code:	
Telephone:		Email:	
Nominated by:			
Address:			
		Postal Code:	
Telephone:		Email:	
Signature:		Date (mm/dd/yyyy):	

A. Participation as an Athlete Category

Please list as many details as possible of the nominee's competitive career as an athlete, including names of championships attained, medals won, records and awards achieved. Complete under the headings:

Internatio	nal Compe	etition (O	lympics,	etc.)			
(Please include year, city, competition and placing for each event.)							
National C	Competitio	n					
	Competitio le year, city, co		and placing t	for each eve	nt.)		
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Atlantic Competition
Please include year, city, competition and placing for each event.)
Provincial Competition
Provincial Competition Please include year, city, competition and placing for each event.)

B. Participation as a Builder/Official/Coach Category

Provide as many details as possible of the nominee's involvement in cross-country

running, road racing, and track and field.					

Please submit a completed nomination via email to athletics@nlaa.ca or mail:

The Newfoundland and Labrador Athletics Association PO Box 3202 Paradise NL A1L 3W4

Nominations must be received at the above address on or before September 30.

Please note: if you need additional space, please attach a separate sheet.