

NOMINATION FORM

Please submit to: Cambridge Sports Hall of Fame, P.O. Box 444-425 Hespeler Rd, Cambridge, ON

Submitted by:	Phone Number:
Address:	Email address:
Name of Nominee:	Nominee's date of birth:
Sport:	Nominee's date of date (if applicable):
Provide a summary of the athlete, team or builder's sports activities and contributions to sport.	
Provide a detailed description of the nominee's backgrou	und. Include as many dates and details
as possible.	
Why to you think this athlete deserves to be recognized in	in the Cambridge Sports Hall of Fame?
Note: We appreciate receiving all nominations. The Cambridge Sports Ha	ll of Fame selection committee meets each fall to

select the inductees for the following year. Our annual induction ceremony typically takes place on the first Saturday in May.