



CANADIAN SKI HALL OF FAME / LE TEMPLE DE LA RENOMMÉE DU SKI CANADIEN

Official CANDIDATE Submission Form

IMPORTANT: To complete this form electronically, please enter data in shaded areas. The shaded areas will expand automatically as necessary. You may also print the form and complete it manually. This **Submission Form** and the **Submission Checklist** (page 9) are integral parts of the application.

Nominator, Seconders and Candidate Identification: (please print)

NOTE: This page is for office use only; confidential information will not be circulated.

NOMINATOR INFORMATION

NAME	Citizenship of Nominator	Date of Submission		
Street	City	Province/Territory	Postal code	P.O. Box
Telephone () Ext. ()	Cellular Telephone No. ()	Fax ()	E-mail @	

Secunder 1 NAME:

Street	City	Province/Territory	Postal code	P.O. Box
Telephone () Ext. ()	Cellular Telephone No. ()	Fax No ()	E-mail @	
Secunder 1 signature		Date		

Secunder 2 NAME

Street	City	Province/Territory	Postal code	P.O. Box
Telephone () Ext. ()	Cellular Telephone No. ()	Fax No ()	E-mail @	
Secunder 2 signature		Date		

CANDIDATE INFORMATION:

FULL NAME

Street	City	Province/Territory	Postal Code	P.O. Box
Telephone () Ext. ()	Cellular Telephone No. ()	Fax No. ()	E-mail @	
Date of Birth (dd/mm/yyyy): / /	Birthplace/ Hometown:	Year deceased (if applicable)		
Name of Spouse/Partner (if applicable)		Names of Children (if applicable)		

List contact information of sources that may have photos, film, video, or other A/V materials related to the candidate

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CANDIDATE NAME:					
NOMINATOR NAME:					
SECONDER 1 NAME:					
SECONDER 2 NAME:					
CATEGORY OF NOMINATION:					
NOTE: if the candidate is to be nominated in more than one category, a form for each category must be completed					
A Competitor <input type="checkbox"/>	B Official <input type="checkbox"/>	C Coach <input type="checkbox"/>	D Instructor <input type="checkbox"/>	E Builder <input type="checkbox"/>	F Pioneer Exemption <input type="checkbox"/>
Scope of the candidate's activities:					
<input type="checkbox"/> Local <input type="checkbox"/> Provincial/Territorial <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International					
Summarize the candidate's most significant national contribution to skiing and/or snowboarding: (300 words or less)					
Recognition and Awards: (List all sources of recognition with dates)					
Club Affiliations: (List all ski and/or snowboard related clubs the candidate is affiliated with and years of affiliation)					
Business Affiliations					
Proceed to section of submission form specific to the candidate: (A:Competitor, B:Official, C:Coach, D:Instructor, E:Builder, F:Pioneer Exemption)					

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CANDIDATE'S NAME

A: COMPETITOR

In order for a submission to be considered, the candidate **must** have:

- made a national, as opposed to a local or regional, contribution to skiing and/or snowboarding,
- made a sustained contribution
- made a unique contribution
- made a contribution beyond the primary reasons for the submission.

Date of retirement

What other qualities would you ascribe to this candidate?

What other on-going or post-competitive contribution has the candidate made to skiing and/or snowboarding?

Enumerate the competitive record of the candidate from **earliest** date of competition onwards and include TOP 10 finishes only.

* Type of competition may include: World Cup, National, Regional, Local, Junior events etc.

Date (dd/mm/yy) Location/Country: Placing: Discipline : Type of competition*:

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A large, empty rectangular box with a thin black border, intended for the candidate's submission. The box occupies most of the page and is currently blank.

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Submission Checklist

- Candidate Submission Form is complete
- Declaration is signed by the Nominator (below)
- Page one of form is signed by two Seconders
- I understand that any additional information included with this submission, i.e. newspaper clippings, photos, articles, etc. may be retained in the files of the Canadian Ski Museum but will not be circulated to the steering nor elections committee.

E. Declaration

I affirm that, to the best of my knowledge, the information in this submission is accurate, complete, and that the candidate is fairly presented.

Nominators Signature

Signature

Name (please print)

Date

OFFICE USE ONLY

DATE RECEIVED →

RECEIVED BY →