



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

## Official CANDIDATE Nomination Form

**IMPORTANT:** Please complete forms with all required information to ensure that your nomination is accepted. Only completed forms will be processed.

If you require further assistance, please do not hesitate to contact us at [nominations@canadianskihloffame.ca](mailto:nominations@canadianskihloffame.ca)

**Nominator, Seconders and Candidate Identification: (please print if not using online form)**

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

**A. NOMINATOR INFORMATION**

First Name		Last Name		Date	
Address			City	Prov/Territory	Postal code
Telephone	Ext.	Mobile Phone	Fax No.	E-mail	

<b>Supporter 1</b>					
First Name		Last Name			
Address			City	Prov/Territory	Postal code
Telephone	Ext.	Mobile Phone	Fax No.	E-mail	
Supporter 1 Signature (if manual entry; please also print name)					

<b>Supporter 2</b>					
First Name		Last Name			
Address			City	Prov/Territory	Postal code
Telephone	Ext.	Mobile Phone	Fax No.	E-mail	
Supporter 2 Signature (if manual entry; please also print name)					

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

- made a significant contribution
- made a sustained contribution
- made a unique contribution
- made a contribution beyond the primary reasons for the submission.



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**B. CATEGORY OF NOMINATION**

NOTE: Please click on each additional category box if this athlete is also being nominated in one or more of the following categories.

ATHLETE									
Alpine					Nordic				
Downhill	Slalom	Giant	Super G	Combined	Cross-Country	Biathlon	Ski Jumping		
Freestyle					Snowboarding				
Moguls	Ski-Cross	Halfpipe	Aerials	Slopestyle	Alpine	Halfpipe	Slopestyle	Boarder Cross	
Extreme					Other (please also check ski/snowboard sport discipline)				
Skiing		Snowboarding		Mountaineering & Randonée	Paralympic		Special Olympics		Other (please define)
B: BUILDER			B: CONTRIBUTOR			C: COACHES & INSTRUCTORS			
Administrator	Race Official	Other Official	Volunteer	Medic	Industry	Coach/Asst Coach	Ski School Director/ Instructor	Trainer	Technician

**C. CANDIDATE INFORMATION**

<b>FIRST NAME</b>				<b>LAST NAME</b>				<b>NICKNAME</b>			
Address				City				Prov/Territory		Postal Code	
Telephone		Ext.		Mobile Phone			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)							
Certifications (if applicable)											



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<b>List links of information sources that may have photos, film, video, or other A/V materials related to the candidate.</b>
<b>Scope of candidate's activities.</b>
<input type="checkbox"/> Local <input type="checkbox"/> Provincial/Territorial <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International
<b>Summarize the candidate's most significant national contribution to skiing and/or snowboarding. (up to 300 words)</b>
<b>Recognition and Awards (List all sources of recognition with dates)</b>
<b>Club Affiliations (List all ski and/or snowboard related clubs the candidate is affiliated with and years of affiliation)</b>
<b>Business Affiliations</b>





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### D. SUBMISSION CHECKLIST

- Candidate Submission Form is complete
- Declaration is signed by the Nominator (below)
- Page one of form is signed by two Supporters
  
- 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 Hall of Fame but will not be circulated to the Selection Committee or any member of the Board of Directors.

### E. DECLARATION

**I confirm 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 (if manual entry)

Full Name

Date (mm/dd/yyyy)

OFFICE USE ONLY

DATE RECEIVED

RECEIVED BY