

Manitoba Hockey Hall of Fame and Museum

NOMINATION FOR INDUCTION

Please type or print

I/We hereb	y nominate			_ for induction into the Manitoba Hockey
Hall of Fam	e in the category of:	(name of nominee) (please check app	licable box)	
PLA	YER BUILDER	MEDIA	OFFICIAL	GRASSROOTS
Hockey Hall of		Inc. who will verify	•	sibility of the Directors of the Manitoba minee is eligible for nomination as
NOTE: Please	ensure all the inform	nation below is con	nplete	
NOMINEE:				(IF DECEASED, NEXT OF KIN)
FULL NAME			FULL N	AME
MAIDEN NAME			DATE OF DI	EATH
DATE OF BIRTH			PLACE OF DI	EATH
PLACE OF BIRTH			ADD	RESS
ADDRESS			CITY/PROV	INCE
CITY/PROVINCE			PH	IONE
PHONE			Е	MAIL
EMAIL				
NOMINATO	DR:			
FULL NAME			DATE OF NO	MINATION
ADDRESS				PHONE
CITY/PROVINCE				EMAIL

SIGNATURE



SUMMARY OF HOCKEY CAREER
Please provide details of Nominees accomplishments including all information as it relates to dates, awards, records etc. Please give as much information as possible, once verified, the selection committee will evaluate the Nominee based upon the details you have provided. Chronological order is preferred.
Please provide details for Teams or Seasons the Nominee participated at the International, Professional, National, Provincial and/or Local Involvement, the highest levels achieved in chronological order.

Letters of reference articles and awards can also be added to nominations.

Electronic Applications are preferred and will soon become mandatory!

MANITOBA HOCKEY HALL OF FAME