



TEAM/SPORTSPERSON OF THE YEAR

Team/Person Information:

Name: _____
First Last Organization

Address: _____
Street Address RR # / P.O. Box

_____ Town Province Postal Code

_____ E-mail address

Home Phone: () _____ Alternative Phone: () _____

League or Sport:

Name of Nominator:

Name: _____
First Last Organization

Address: _____
Street Address RR # / P.O. Box

_____ Town Province Postal Code

_____ E-mail address

Home Phone: () _____ Alternative Phone: () _____

Tell us why you think they/team should be Sports person or Team of the Year:



TEAM/SPORTSPERSON OF THE YEAR

Signature _____

Typewritten nominations must be submitted to kemptonvilleshof@gmail.com or by mail to:

Kemptonville and District Sports Hall of Fame
C/O Krista George
PO Box 316
Kemptonville ON K0G 1J0