

SHASTA COUNTY



NOMINATION OF INDIVIDUAL

Category of Nomination: Please circle appropriate category(ies)

ATHLETE COACH MANAGER CONTRIBUTOR

NAME OF INDIVIDUAL BEING NOMINATED: _____

XX

Person making nomination:

Name: _____ Phone#: _____ email: _____

Address: _____ City State Zip Code

Date Submitted: _____

Signed: _____

Note to person making nomination:

- 1) Please be as succinct as possible.
2) If you run out of room, use the back side or supply an addendum.
3) If you have press clippings, please photocopy and include them with any other exhibits you may have.
4) Include a 8X10 photograph when the candidate was an athlete or a current photo (either or both) that we may keep. Applications without a photograph may be rejected.
5) There is (up to) a two year waiting period before the candidate is voted upon.
6) When you have completed the application, please send it and all materials to:

Shasta County Sports Hall of Fame
C/O Active 20-30 Club of Redding
P.O. Box 991566
Redding, CA 96099-1566

FULL NAME OF NOMINEE: _____

Nickname (if any): _____

Note - If nominee is deceased, give name/address of nearest relative

Address: _____
City State Zip Code

Date of Birth: _____ Place of Birth: _____

Name of Spouse: _____ Name(s) of children: _____

Name and address of person who would have additional biographical information:

Nominee resided in Shasta County from: _____ through _____

Schools attended:

Elementary: _____ From: _____ to _____
Location

Middle/Jr. High: _____ From: _____ to _____
Location

High School: _____ From: _____ to _____
Location

College/University: _____ From: _____ to _____
Location

College/University: _____ From: _____ to _____
Location

Degree(s) received: _____

Most outstanding achievement(s) of career: _____

Nomination of: _____

Achievements listed chronological with dates, places, organizations and teams:

Honors (awards, letters, trophies, citations, etc.) received due to sports activity:

Membership in sports organizations and offices held:
