**2018 Bobby Orr Hall of Fame**

*Celebrating Youth*

**NOMINATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A** |  | **Nomination Information** | | | |  |  | |  |  |
| Name: |  | Click or tap here to enter text. | | | |  | Phone: | |  | Click or tap here to enter text. |
| Date of Birth: |  | Click or tap here to enter text. | | | |  | Address: | |  | Click or tap here to enter text. |
|  |  | (dd/mm/yy) | | | |  |  | |  | Click or tap here to enter text. |
| Place of Birth: |  | Click or tap here to enter text. | | | |  |  | |  | Click or tap here to enter text. |
|  |  |  | | | |  |  | |  |  |
| Nominee is attending school as a full time student: | | | | | | |  | Yes  No | | |
| School: |  | Click or tap here to enter text. | | | |  |  | |  |  |
| Grade: |  | Click or tap here to enter text. | | | |  |  | |  |  |
|  |  |  | | | |  |  | |  |  |
| Reason for Nomination: *(how has youth contributed*)Click or tap here to enter text. | | | | | | | | | | |
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|  |  | | | |  |  |  | |  |  |
| Name of |  |  | | | |  |  | |  |  |
| Parent/Guardian: |  | Click or tap here to enter text. | | | |  | Relationship: | |  | Click or tap here to enter text. |
| Address: |  | Click or tap here to enter text. | | | |  | Phone (H): | |  | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. | | | |  | Phone (W): | |  | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. | | | |  | E-mail: | |  | Click or tap here to enter text. |
|  |  |  | | | |  |  | |  |  |
|  |  | **Nominator Information** | | | |  |  | |  |  |
| Name: |  | Click or tap here to enter text. | | | |  | Phone: | |  | Click or tap here to enter text. |
| Address: |  | Click or tap here to enter text. | | | |  | E-mail: | |  | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. | | | |  |  | |  |  |
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| Please fill out the fields below if the nominator is under the age of 18: | | | | | | | | | |  |
| Name of |  |  | | | |  |  | |  |  |
| Parent/Guardian: |  | Click or tap here to enter text. | | | |  | Relationship: | |  | Click or tap here to enter text. |
| Address: |  | Click or tap here to enter text. | | | |  | Phone (H): | |  | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. | | | |  | Phone (W): | |  | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. | | | |  | E-mail: | |  | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. | | | |  |  | |  | Click or tap here to enter text. |
|  |  | Date of Nomination | | | |  |  | |  | Signature of Nominator |

Please ensure all applicable parts have been completed and that a suitable photograph (5”x7” or 4”x6”) is included with the nomination.

**Parent or Guardian Consent – Mandatory for Consideration**

I am aware of, and approve of, the consideration of my child for a

Celebrating Youth Award.

I hereby consent to the sharing of any information contained within this booklet with the Bobby Orr Hall of Fame Selection Committee in regards to the nomination of

Click or tap here to enter text. for a Celebrating Youth Award.

Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

**2018 Bobby Orr Hall of Fame**

*Celebrating Youth*

**NOMINATION FORM**

|  |  |  |
| --- | --- | --- |
| **PART B** |  | **Supporting Documentation and Information** |

Please list details of the Nominee’s accomplishments written or video format. Other supporting documentation and information such as photographs, newspaper articles, audio or video tapes, letters of reference, etc. could be included in support of this nomination. Supporting documentation may speak to:

* Other important information (achievements under adverse conditions, special challenges, etc.)
* Reflection of character and conduct of nominated person (what inspires you the most about this nominee, what can you tell us about the nominee as a person)
* Explain why the nominee should be selected for an award

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*(Please attach additional pages as needed)*

The Bobby Orr Hall of Fame Selection Committee assumes no liability for loss or damage to the information submitted. All information submitted becomes the property of the Bobby Orr Hall of Fame and may be returned to the nominator upon request.

|  |  |  |  |
| --- | --- | --- | --- |
| Submit to: |  | Bobby Orr Hall of Fame  2 Bay Street  Parry Sound, ON  P2A 1S3  **ATTN: Caitlin Dyer** |  |