PERTH-ANDOVER WALL OF FAME

Nomination Form

Community Service

PLEASE NOTE THAT THIS FORM MUST BE TYPEWRITTEN OR CLEARLY PRINTED

1.	Name (in full) of Nominee						
	Nickname, if any						
2.	Place of Birth						
3.	Curre	ent Address		Date			
				Telephone			
SELE SURI INSU	CTION E ALL F	I COMMITTE FACTS ARE (ENT, PLEASE	E MAY RESEARCH A CORRECT. IF SPACE	OMPLETED ACCURATELY. THE NY APPLICATION SO PLEASE BE PROVIDED FOR ANY QUESTION IS HEETS AND STAPLE THE			
	1.	Picture or pi	ctures of nominee (5"	c 6" glossy print)			
	2.	2. News clippings referring specifically to the nominee. (These can be obtained at the Public Library, Public Archives, Newspaper offices).					
	3.	` ,	support of your nomina overning Body, team-r				
	4.	Other items	deemed important.				
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PERS	SONAL	INFORMATI	<u>ON</u>				
1.	If dec	deceased, when?		Where?			
2.	Dates of residency in New Brunswick						
3.	Family information: Spouse's Name						
	Children (ages bracketed)						
4.	Wher	e Educated:	Public School High School University				

5.

Occupation:

6.	Summary of Outstanding Contributions in Community Service (i.e. a detailed explanation of No.5) e.g. years of service, in what capacity and at what level-National coach, international official, executive, etc.
7.	Personal Attributes- please be precise as possible in completing this section. Include contribution to community (number of years of service, service clubs, and volunteer organizational and administrative ability.
8.	Special Awards, Distinctions, or Citations bestowed on Nominee (include dates and related information) e.g. National or Provincial recognition; Community awards; individual achievement award.
9.	Other information which you consider pertinent to the nomination.

NOMINATIONS SHOULD BE SENT TO:	SECRETARY, SELECTION COMMITTEE Perth-Andover Wall of Fame 11 School Street Perth-Andover, NB E7H 4T4				

NAME OF PERSON AND / OR GROUP MAKING NOMINATION:					
ADDRESS:					
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TELEPHONE NUMBER:	DATF.				
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