



ETOBICOKE SPORTS HALL OF FAME ATHLETE / TEAM OF THE MONTH AWARD



Please print or type

FEMALE MALE TEAM

Sport: _____

I. NOMINEE INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

Name of Coach: _____ Email: _____

Phone: (H) _____ (C) _____

II. RATIONALE FOR NOMINATION (awards, events, etc)

III. NOMINATOR INFORMATION

Name: _____

Position/Association with Nominee (coach/administrator): _____

Email: _____

Phone: (H) _____ (C) _____

IV. An image (s) of the athlete or team (more may be requested after selection is made)

APPLICATIONS: Mailed, faxed or email applications are acceptable.

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