

**Hall of Fame – Awards Program
Application Form
2019**

Nominee Name: _____

Street Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number _____ Cell Number: _____ E-mail: _____

Date of Birth _____

Nomination Category _____

Date of Achievements

Please describe the achievements and give a short biography of the nominee. (E-mail this information to golf@hnl.ca.)

Submitter's Name: _____

Street Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number _____ Cell Number: _____

Submitter's E-Mail Address: _____

Return the nomination and supporting documents via e-mail to:

Golf NL

Hall of Fame Committee

E-mail: golf@sportnl.ca

Ensure to include all the required information and documents i.e. photograph