

OTHER SPORTS

ATHLETE MEMBER NOMINATION FORM

SPORT

This form and any attachments must be sent to
The Sport Australia Hall of Fame Ltd
 PO Box 6873, ST KILDA RD CENTRAL MELBOURNE VIC 8008

For further information contact SAHOF
Phone (03) 9510 2066 **Email** mail@sahof.org.au



SPORT AUSTRALIA
HALL of FAME

Before completing your nomination, please make sure you have read the Before You Nominate information and the Nomination Criteria on the SAHOF website, www.sahof.org.au

SECTION 1 PERSONAL DETAILS OF THE NOMINEE

Full details of the name, address(es), occupation, date of birth and date of death (if applicable) are required to identify the person clearly and for contact purposes should the nomination be successful.

FAMILY NAME	GIVEN NAME(s)	HONOURS (if any)
HOME ADDRESS (street, suburb, city, postcode or PO Box address)		
		POSTCODE
HOME PHONE (inc STD code)	BUSINESS PHONE (inc STD code)	MOBILE
FAX (inc STD code)	EMAIL ADDRESS	
DATE OF BIRTH / /	DATE OF DEATH (if applicable) / /	CURRENT OCCUPATION
DATE OF RETIREMENT FROM TOP LEVEL COMPETITION		

SECTION 2 OUTSTANDING SPORTING ACHIEVEMENTS AND CONTRIBUTION TO AUSTRALIAN SPORT MADE BY THE NOMINEE

In answering parts of this section you may need to record your responses on separate sheets of paper. Please mark responses to all questions clearly and ensure that any additional documentation is well secured to this form.

2.1 Major Career Achievements Please list in chronological order

2.2 Impact of Nominees Achievements

Describe the impact that these achievements have had on the nominee's particular code of sport. Explain how these achievements position the nominee in the history of the sport. You may also comment on how the nominee has influenced the sporting community and inspired the general public.

continue on a separate sheet if needed

2.3 Other Recognition of the Nominee

List any awards granted to the nominee both within and outside the sporting fraternity, including honours and the dates these were made.

SECTION 3 DETAILS OF THE PERSON OR BODY MAKING THIS NOMINATION

ORGANISATION NAME

NAME AND TITLE OF CONTACT

BUSINESS ADDRESS (street, suburb, city, postcode or PO Box address)

POSTCODE

EMAIL

PHONE CONTACT NO. for additional information

SIGNATURE OF AUTHORISING PERSON

MOBILE

DATE OF NOMINATION

/ /