



RECREATION WALL OF FAME NOMINATION FORM

Please review the criteria before submitting the nomination application. Please complete all information requested. Applications that are incomplete or do not meet the criteria will be rejected. Use additional paper as necessary.

Nominating Party (Person submitting the Application)

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Candidate (Person being nominated)

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Reason(s) for Nomination:
