



# Pool of Fame Nomination Form

## 1. Nominee: *(fill in any available information)*

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Name: \_\_\_\_\_ Phone: day \_\_\_\_\_ eve \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nominee Deceased: Y/N If yes, please fill out the following:

Name of person to accept on nominee's behalf: \_\_\_\_\_  
 Phone: day \_\_\_\_\_ eve \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/P.C.: \_\_\_\_\_

## 2. Category: *(Please check appropriate category)*

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\_\_\_\_\_ Competitor

Shall be chosen on the basis of their abilities, sportsmanship, character, and their contribution to the BCSSA, its good reputation and to aquatics in general

\_\_\_\_\_ Builder

A builder is a coach, trainer, manager, official, administrator, volunteer, facility/program developer, or media member, but, is not a professional promoter, sponsor or fundraiser in the employ of BCSSA. A builder may be currently either active or inactive.

\_\_\_\_\_ Newsmaker

Candidates must have concluded their careers as active athletes for a minimum of three aquatic seasons before their election except for outstanding pre-eminence and skill.

## 3. Nominator:

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Name: \_\_\_\_\_ Phone: day \_\_\_\_\_ eve \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Relationship to Nominee: \_\_\_\_\_  
 Position/History with BCSSA: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. History with BCSSA *(Year started, role, accomplishments, etc. Include dates and locations.)*

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**5. Achievements** (*Local, Provincial, National, International*)

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**6. Additional Recognition:**

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**7. Significant Contacts:** (*someone who can provide a detailed reference*)

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A. Name: \_\_\_\_\_ Phone: day \_\_\_\_\_ eve \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: day \_\_\_\_\_ eve \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

**Please feel free to add further information on an additional sheet.**

**Deadline for Submission: March 31<sup>st</sup>**

Please submit to: BCSSA  
#205 – 2323 Boundary Road  
Vancouver, BC V5G 1M4  
Fax: 604-473-9660