

GASTON COUNTY SPORTS HALL OF FAME

CANDIDATE FOR CONSIDERATION SUBMITTAL FORM

_____ I am submitting an individual as a candidate for consideration of induction into the Gaston County Sports Hall of Fame as a player, coach, administrator or official.

_____ I am submitting a team, corporation, company or organization as a candidate(s) for consideration of induction into the Gaston County Sports Hall of Fame that has made a significant impact on sports in Gaston County through contributions in the field of athletics.

DEADLINE FOR SUBMITTALS IS NOVEMBER 30 TO BE CONSIDERED IN THE NEXT YEAR'S CLASS:

Please return this completed form and all supporting documentation to:

Gaston County Sports Hall of Fame Committee
P.O. Box 3932
Gastonia, NC 28054

NAME OF CANDIDATE (Please PRINT all information clearly)

Name: _____

Sport: _____

Area: Player_____ Coach_____ Administrator_____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Email: _____

Is Candidate Deceased? _____

CLOSEST LIVING RELATIVE OR POINT OF CONTACT TO CANDIDATE (IF DECEASED)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Email: _____

SUBMITTED BY:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Email: _____

CANDIDATE SUPPORT INFORMATION

Please use the attached page(s) to describe the activities and accomplishments of this candidate that make him/her a viable candidate for the Gaston County Sports Hall of Fame.

Please make your documentation thorough and complete and you may use whatever supporting data you wish. Use as many sheets as you need.

We encourage newspaper clippings or other documentation in support of the candidate, if possible. Any supporting documentation will not be returned so please attach copies of all documentations.

The Gaston County Sports Hall of Fame Committee shall seek to honor those who have had a significant, positive influence on sports(s) in Gaston County, North Carolina.

I certify that all information provided in this submittal form is correct and accurate to the best of my knowledge.

Submitter's Signature

Date
