



Candidate Application Form for Delaware County Athletic Hall of Fame

Date: _____, 20____ Area of Nomination: _____

Name: _____ Home Phone: _____

Cell Phone: _____

Address: _____ Male Female
(please circle one)

City: _____ State: _____ Zip: _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____

Schools Attended ...

Elementary: _____ Middle School: _____

High School: _____ College: _____

Married: Single: Spouses Name: _____

Number of Children: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Please list sports in order of priority ... Were you any of the following?

| | | |
|---|--|--|
| Age Group winner: <input type="checkbox"/> | AAU State Finalist: <input type="checkbox"/> | YMCA State Finalist: <input type="checkbox"/> |
| MVP: <input type="checkbox"/> | City Champion: <input type="checkbox"/> | Conference Champion: <input type="checkbox"/> |
| Sectional Champion: <input type="checkbox"/> | Regional Champion: <input type="checkbox"/> | Semi-State Champion: <input type="checkbox"/> |
| State Finalist: <input type="checkbox"/> | State Champion: <input type="checkbox"/> | National Champion: <input type="checkbox"/> |
| Collegiate Athlete: <input type="checkbox"/> | Collegiate Conference Champion: <input type="checkbox"/> | |
| National Competitor: <input type="checkbox"/> | National Record Holder: <input type="checkbox"/> | Professional Athlete: <input type="checkbox"/> |
| Attitude Winner: <input type="checkbox"/> | Coach: <input type="checkbox"/> | Official: <input type="checkbox"/> |
| Athletic Director: <input type="checkbox"/> | Administrator: <input type="checkbox"/> | Media Correspondent: <input type="checkbox"/> |

Please list accomplishments applicable to other specific sports, organizations or sanctioned events: _____

Will you be able to attend the banquet if you are selected? YES NO

Is any member of your family a member of the Delaware County Athletic Hall of Fame? If yes, Please list their name(s) and their relationship to you:

Name: _____ Relationship: _____

Name: _____ Relationship: _____