



## Candidate Application Form for Delaware County Athletic Hall of Fame

Date: \_\_\_\_\_, 20\_\_\_\_ Area of Nomination: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Male Female

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: \_\_\_\_\_