



NOMINATION COVER SHEET

Please check the appropriate category for this nomination:

- Player**

 Builder

 Veteran

 Corporate

NOMINATOR'S INFORMATION			
Name:			
Address:			
City:			
Prov.:		Postal Code	
Phone:			
Mobile:			
Email:			
Affiliation to Nominee:			

NOMINEE'S INFORMATION			
Name:			
Address:			
City:			
Prov.:		Postal Code	
Phone:			
Mobile:			
Email:			
Involved in soccer from		to	
Date of Birth (MM/DD/YYYY)			
Country of Birth			
Date of Death (if applicable)			
<i>If nominee is deceased, please provide name, address and phone number of next of kin:</i>			
Name:			
Address:			
Phone:			

Signature of Nominator:

Date of Application: _____



York Region Soccer Association
 385 Connie Crescent, Suite 101
 Concord, ON.
 L4K 5R2

Nominations to be submitted on or before August 15th each year.
Documents will be retained for consideration for induction into the YRSA's Hall of Fame for the following year.