



NOMINATION COVER SHEET

Please check the appropriate category for this nomination:

Player

Builder

Veteran

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.