



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: _____