



Parks and Recreation Department
 88 Kipling Street SE
 Medicine Hat, Alberta T1A 1Y3

Phone: 403.529.8333
 E-mail: parks@medicinehat.ca
www.medicinehat.ca

Sports Wall of Fame Application

Contact Information			
Name of Nominator			
Relationship to Nominee			
Address			
City		Province	
Postal Code		Telephone	
Email		Fax	
Signature		Date	
Name of Nominee			
Name of Team Contact & Title			
Address			
City		Province	
Postal Code		Telephone	
Email		Fax	
Signature*		Date	

**By signing, the nominee agrees (if possible) to participate in the public reception and plaque unveiling hosted by the City of Medicine Hat. The nominee also agrees to have the information included in this application made public (if the nominee is selected).*

Criteria of Nominee

Sport(s) involved with and in what capacity (athlete, builder, administrator, official (such as referee/umpire), media/broadcaster/sports writer, team, and/or sponsor):

Significant local, provincial, national, and/or international sports recognition:

Examples of contribution to the betterment of the sports community and sustained ambassadorship to Medicine Hat sports:

Born in Medicine Hat or the Medicine Hat area? Yes No

Moved to Medicine Hat or the Medicine Hat area (month/year):

Number of years lived in Medicine Hat or area:

Years of experience in area of expertise:

Any other information:

Please attach a minimum of two letters of support:

Name of supporter:
Relationship of supporter to nominee:

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Relationship of supporter to nominee:

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Relationship of supporter to nominee:

Please include a 5" x 7" or 8" x 10" photograph

Completed applications can be emailed to parks@medicinehat.ca or delivered/mailed to:

City of Medicine Hat
Parks and Recreation
88 Kipling Street SE
Medicine Hat, AB T1A 1Y3
Attention: Manager of Recreation

Submission Deadline: September 30th