



NOMINATION COVER SHEET

Please check the appropriate category for this nomination:

- Player**

 Builder

 Veteran

 Corporate

NOMINATOR'S INFORMATION			
Name:			
Address:			
City:			
Prov.:		P/C:	
Hm. Ph.:			
Cl. Ph.:			
Email:			
Affiliation to Nominee:			

NOMINEE'S INFORMATION			
Name:			
Address:			
City:			
Prov.:		P/C:	
Hm. Ph.:			
Cl. Ph.:			
Email:			
Affiliation with YRSA:		<input type="radio"/> birth	
		<input type="radio"/> residency	
		<input type="radio"/> playing	
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:			



York Region Soccer Association (YRSA)
 101 Bradwick Drive
 Concord, ON.
 L4K 1K5

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.