WOMEN'S NOMINATION FORM

To be considered for nomination to the Greater Baltimore Lacrosse Hall of Fame, this questionnaire must be completed by, or on behalf of, a candidate. Please attach additional information if appropriate.

I. PERSONAL DATA

Full Name _____

Date of Birth
(____) _____ (____)

Address _____

_____

Home Phone (____) _____ Fax (____)

Work Phone _____ Fax _____

E-Mail

Please outline any family information that you feel is relevant.

_____

_____

Please list occupation, position held and involvement with any organizations and/or any special humanitarian service with which you have been involved.

_____

_____

_____

II. Officiating/Umpiring Career

A. Highest Rating: _____

B. Umpiring Experience:

1. Years Umpiring at Youth Level _____ Locations _____

_____ _____

2. Years Umpiring at High School Level Locations

_____ _____

_____ _____

3. Years Umpiring at Collegiate Level Locations

_____ _____

_____ _____

4. Years Umpiring at International Level Locations

_____ _____

_____ _____

3. Please list major officiating assignments with year. i.e.: International matches, World Cup, NCAA Final Four, USWLA/US Lacrosse Women's Division Tours, etc..)

_____

_____

_____

_____

_____

_____

III. Playing Career

A. High School Team(s) Position Years

_____

_____

_____

Honors (Capt., MVP, All-American etc.) Years

B. College Team(s) Position Years

Honors (Capt., MVP, All-American etc.) Years

C. Club, Assoc., District, U.S.A. Team(s) Position Years
(Please include U.S. Touring Teams and World Cup Competition)

Honors (Capt., MVP, All-Club etc.) Years

IV. Coaching Career

A. Please list coaching experience, include years

Location/Position Years

_____

_____

_____

_____

_____

B. Coaching Honors Years

_____

_____

_____

_____

_____

_____

V. Administrative/Committees

(Please list major committees you have served on. (USWLA, US Lacrosse, NCAA, IFWLA, District, rules, umpiring, major tournaments, indicate chairmanship, etc.)

A. Committee Positions Years

_____

_____

_____

_____

_____

VI. Development and other service to lacrosse

A. Development (Local, national, international)

Activity	Location	Date(s)

B. Other Service (Please list any unique service you have contributed to lacrosse)

_____

_____

_____

_____

_____

TO BE COMPLETED BY NOMINEE:

I _____, **wish** to be considered for election to the Greater Baltimore Lacrosse Hall of Fame and **would be honored** if this award were bestowed upon me.

I _____, **do not** wish to be considered for election to the Greater Baltimore Lacrosse Hall of Fame and **respectfully decline** the honor of having this award were bestowed upon me.

_____
Address

_____

_____

_____
E-Mail

_____
Signature

_____
Date

This questionnaire respectfully submitted by:

Name _____

Date _____

Address _____

City_____State_____

Zip_____Date_____

Home Phone (_____) _____

Work Phone (_____) _____

E-mail _____

Please mail all completed questionnaires to:

Mrs. Mary Clare McFadden
9 Cross Creek Ct
Phoenix,MD 21131