# SOUTH CAROLINA LACROSSE HALL OF FAME
# NOMINEE QUESTIONNAIRE

**To be considered for nomination to the South Carolina Lacrosse Hall of Fame this questionnaire must be completed by, or on behalf of, a candidate.**

**A candidate must have been actively involved in promoting the growth of the game of lacrosse in South Carolina for a minimum of 5 years and must be a member of US Lacrosse.**

**Please attach additional information if appropriate.**

**PERSONAL DATA**

**Full Name _____ Spouse _____**

**Home Address _____**

**City _____ State _____ Zip _____**

**Birth Date _____ Home Phone _____ Work Phone _____**

**Cell Phone _____ Fax _____**

**Please list occupation and position held.**

_____

**Please give us any family information you feel is relevant to lacrosse**

_____

_____

_____

**Did you play on any youth, high school, college, or club lacrosse teams ?**
**If yes, where, when, and in what league?**

**Youth _____ Location _____**

**High School _____ Location _____**

**College _____ Location _____**

**Club _____ Location _____**

_____

**Coaching Career: Describe your coaching career in youth, high school, club etc.**

**Officiating: Describe any lacrosse officiating experience you have.**

**Service: Have you served in an official capacity as an officer, committee member, or volunteer of any recognized lacrosse organization(s) other than the S.C.Chapter?**

**When did you first become a member of US Lacrosse ?**

**Please describe your activities and involvement in the promotion of the game of lacrosse in South Carolina.**

**Please list any other activities or honors you have received for the game's growth and development:**

**Please list any other athletic or non-athletic honors you feel are relevant:**

**Please list three personal references with addresses and phone #'s:**

**1.** _____

**2.** _____

**3.** _____

**This questionnaire respectfully submitted by:**

**Name:** _____

**Address:** _____

**City:** _____ **State:** _____

**Zip:** _____ **Date:** _____

**Home Phone:** _____ **E-mail:** _____

**Business Phone:** _____

**Please mail or fax all completed questionnaire to:**

**South Carolina Chapter of US Lacrosse**
**HOF Committee**
**1805 Oak St.**
**Myrtle Beach S.C. 29577 fax: (843) 916-0296**