

2011 NWGA Hall of Fame: Candidate Questionnaire

This questionnaire must be completed by the member nominating the candidate. Please send electronically (via email); include one completed Nomination Reference Form and an electron passport photo or equivalent of the candidate. Submit an Application fee of \$100.00 for each Nomination. Feel free to attach additional information if appropriate. Note: (*) Required fields must be completed.

I. PERSONAL INFORMATION

*Full Name: _____ Nick Name: _____
Last First

Spouse Name: _____ Number of Child (ren): _____

Child (ren) Name(s): _____

*Contact Phone Number: _____
Mobile Day

Date of Birth: _____ Place of Birth: _____
Yr Month Day City/Town State

*Golf Club Affiliation: _____ *City/State: _____

*Club Phone Number: _____ *E-mail: _____

For biographical purpose only, tell us a little bit about the life of the candidate:

II. SERVICE TO AFFILIATE GOLF CLUB OR NWGA

Has the candidate served in an official capacity as an officer, committee member, coordinator, or volunteer to his/her affiliate golf club or the NWGA?

<u>Describe Role:</u>	<u>Affiliate Club or NWGA</u>	<u>Years Severed</u>	<u>Accomplishment</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

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*Name of Nominee: _____
Last First

Continued: **SERVICE**

- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

III. INDIVIDUAL GOLF PLAYING CAREER

List any activity inside/outside of the NWGA or affiliate club championship tournaments:

<u>Tournament:</u>	<u>Location</u>	<u>Year</u>	<u>Division</u>	<u>Final Placing</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

List any other significant tournament or historical information that should be captured:

*Current Ghin Handicap: _____ * Lowest Ghin Handicap Achieved/Year: _____

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*Name of Nominee: _____
Last First

IV. PERSONAL INFORMATION (This section is optional)

Life Profession: _____ Service Years: _____

Employee or Company: _____

Location: _____

Life Profession: _____ Service Years: _____

Employee or Company: _____

Location: _____

Life Profession: _____ Service Years: _____

Employee or Company: _____

Location: _____

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PLAYER LETTER OF RECOMMENDATION

*Name of Nominee: _____
Last First

*Please Describe, in brief, why you are recommending this candidate for the NWGA Hall of Fame. What is it that makes this candidate stand out among his/her peers?

*What are the candidate's top accomplishments that you feel justify this nomination:

*What is your relationship with the Candidate?

*Submitted by _____ *Phone Number: _____
Last First

*Golf Club (NWGA) Affiliation: _____ *City/State: _____

*Club Phone Number: _____ *E-mail: _____

Please complete all forms and email them to the NWGA Tournament Chair, at the E-mail address listed here:

(*)Required fields must be completed. Note: An electron passport photo or equivalent of the candidate must accompany the submittal of this application. Application fee of \$100.00 for each Nomination