



CHESAPEAKE SPORTS CLUB

LEGENDS OF HONOR AWARD – NOMINATION FORM

INDIVIDUAL INFORMATION

Name: _____

Sport(s) _____

School(s) _____

Age/Birthdate: _____ Gender: _____

Email: _____

Address: _____

City _____ Zip Code _____

Telephone (H) _____ Cell _____

SUMMARY OF ACCOMPLISHMENTS: Please list all accomplishments/awards and the date(s) and location(s) they were achieved in support of this nomination. Provide all information that is relevant to the individual’s achievements. Use additional pages if necessary. Copies of news clippings, certificates, letters in support, etc may be included with this application. If this is for a Posthumous Award please so indicate and list name and contact information for closest relative.

Submitted by _____ Date _____

Address _____

City _____ Zip Code _____

Telephone (H) _____ (Cell) _____

Received by Legend of Honor Committee _____

Action: Approved Date _____

Presentation Date _____

E-Mail the completed form to:
tmoliver@aol.com

or Mail to: Martin Oliver
825 Mt. Pleasant Road
Chesapeake, VA 23322