**OFFICIAL US LACROSSE USE ONLY**

Original Date Received:

Date Updated:



# PLAYER Category Nominee Questionnaire

I. PERSONAL DATA

Required information noted in **BOLD**

□ Candidate is deceased. Date of passing:

**Candidate’s Full Name:**

Maiden Name: Spouse Name:

**Home Address:**

**City:** \_ **State:** **Zip:**

**Birth Date:**

**Home Phone:** ( ) Work Phone: ( )

Cell Phone: ( ) E-mail:

Candidate must be retired\* from playing the game for at least ten years OR must have had at least ten years lapse from a scheduled college graduation year and be retired\* from the game.

* \*retired = not participating at the level of play for which candidate is being evaluated for induction
  + Note: College attendance is not a prerequisite for consideration

**Date that candidate last participated at the level of play for which candidate is being**

**evaluated for induction:**

**Candidate’s current role/involvement in the game:**

\_\_\_\_\_

Please list occupation/position held and involvement with professional organizations.

II. PLAYING INFORMATION

Required information noted in **BOLD**

**Field Position:**  Indoor Position:

**Name Location Dates Participated**

**High School**

**College**

**Club**

**International**

**Professional**

Were you selected as a high school All-American or to a high school all-star team?

Honor Year Team

Honor Year Team

Honor Year Team

Honor Year Team

Did you play on a high school championship team?

Team League Year

Team League Year

Team League Year

Team League Year

**Were you selected as a collegiate All-American?**

School Year Team

School Year Team

School Year Team

School Year Team

**Did you receive any national collegiate player honors or recognition?**

Honor Year Team

Honor Year Team

Honor Year Team

Honor Year Team

Did you receive any collegiate team honors or recognition?

Honor Year Team

Honor Year Team

Honor Year Team

Honor Year Team

Did you play on a collegiate conference championship team?

Team Conference Year

Team Conference Year

Team Conference Year

Team Conference Year

Did you play on a collegiate national championship team?

Team Year(s)

Team Year(s)

Team Year(s)

Team Year(s)

Were you selected to a collegiate all-star team?

Team Year(s)

Team Year(s)

Were you selected to a club all-star team?

Team Year(s)

Team Year(s)

Team Year(s)

Team Year(s)

**Were you selected to an international all-star or all-world team?**

Team Year(s)

Team Year(s)

Team Year(s)

**Did you receive any international player honors or recognition?**

Honor Year Team

Honor Year Team

Honor Year Team

**Were you selected to a professional all-star team?**

Team Year(s)

Team Year(s)

Team Year(s)

**Did you receive any professional player honors or recognition?**

Honor Year Team

Honor Year Team

Honor Year Team

Were you selected to any other all‑star team?

Team Year(s)

Team Year(s)

Please list any other honors you received as a player.

Honor Year Team

Honor Year Team

Honor Year Team

Please list any other accomplishments you have achieved as a player.

Achievement Year Team

Achievement Year Team

Achievement Year Team

**Have you been inducted into a US Lacrosse Chapter Hall of Fame?**

**Chapter HOF Year**

**Chapter HOF Year**

**Chapter HOF Year**

Please list any other halls of fame or honorary organizations into which you have been inducted.

HOF/Organization Year

HOF/Organization Year

HOF/Organization Year

Please outline any other information that you feel is relevant.

*Please attach/include additional information if appropriate.*

**US LACROSSE ANTI-HARASSMENT AND DISCRIMINATION POLICY**

US Lacrosse prohibits and will not tolerate acts of harassment, discrimination, and bullying. Harassment, discrimination or bullying means any gestures, any written, verbal or physical act, or any electronic communication, whether a single incident or a series of incidents that:

1. Are reasonably perceived as being motivated by either any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability.

1. Takes place in relation to any program function or team; and that a reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a player or damaging the player’s property, or placing a player in reasonable fear of physical or emotional harm to his/her person or damage to his/her property.

1. Has the effect of insulting or demeaning any player or group of players or creates a hostile environment for the player by interfering with a player’s participation or by severely or pervasively causing physical or emotional harm to the player. (N.J.S.L 18A:37-14).

Any US Lacrosse award recipient found in violation of this policy will have all honors revoked. Individuals nominated for US Lacrosse honors found in violation will be removed from consideration. Please initial your acknowledgment below.

\_\_\_\_  I have read and understand the US Lacrosse Policy on Anti-Harassment and Discrimination.

\_\_\_\_ I understand there are consequences of violating the US Lacrosse Anti-Harassment and Discrimination Policy.

**To be eligible for consideration for induction, the following must be completed by the nominee:**

I , **wish** to be considered for election to the National Lacrosse Hall of Fame and **would be honored** if this award were bestowed upon me. I acknowledge that to the best of my knowledge, the information contained within this questionnaire is accurate and if deemed necessary as a part of the nomination process, I will fully and willingly participate in a criminal background check.

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

Signature Date

**THIS QUESTIONNAIRE RESPECTFULLY SUBMITTED BY:**

Date

Name

Address

City State Zip

Home Phone: ( ) Work Phone: ( )

Cell Phone: ( ) E-mail:

Please submit all completed questionnaires to:

**US Lacrosse**

**c/o Archivist**

**2 Loveton Circle**

**Sparks, MD 21152**

**410.366.6735 – fax**