



HALL OF FAME NOMINATION FORM

Tick the box which applies for this nomination

Player

Administrative/Officiating

Full Name:

Address:

Telephone:

Home

Work

Mobile

Email Address:

Active Member:

Information about the Nominee

Please provide full details why you believe the person you have nominated has achieved/demonstrated their ability to be nominated for selection to the Tasmanian darts council Inc. Hall of Fame.

Details:

Nominated By:

Approved by Active Member President:

Signed by Active Member President:

Date: