



WRESTLING CANADA LUTTE HALL OF FAME NOMINATION FORM

Note: To be considered, this nomination must be typed or printed and a resume must be attached. Please insert your answers directly within this document if completing electronically.

CATEGORY:

(Please specify – wrestler, coach, official, administrator, manager, outstanding contributor, media)

Name of Nominee:

Address:

City/Town:

Province:

Postal Code:

Phone Number:

Email Address:

Place of Birth:

Name of Nominator:

Address:

City/Town:

Province:

Postal Code:

Phone Number:

Email Address:

Name of Provincial/Territorial Wrestling Association:

Title:

Signature:

