

U.S. LACROSSE HALL OF FAME (CENTRAL PA CHAPTER)

Return : US Lacrosse Hall of Fame

(Central Pennsylvania Chapter) John Verno: caesarlax@verizon.net

NOMINEE QUESTIONNAIRE

Name of Nominee:
Address:
Home Phone Number:
Work Phone Number:
Email Address:

I. Playing Career

a. High School(s):

Name	Dates	Position(s)	Varsity Yrs.

b. Travel/Club Team(s):

Name	Dates	Position(s)

c. College(s):

Name	Dates	Position(s)	Varsity Yrs.

d. Club/Professional Teams (Men):

Name	Dates	Position(s)	Varsity Yrs.

e. Club Associations/Districts (Women):

Name	Dates	Position(s)	Varsity Yrs.

f. National/International Team(s):

Name	Dates	Position(s)	Varsity Yrs.

g. Were you ever selected to a high school All-American Team (US Lacrosse All-American; Academic All-American, etc.)?

Honor/School	Position(s)	Dates

h. Were you ever selected to an All-American Team in college?

School/Division/Team (1 st Team, 2 nd Team, 3 rd Team, Honorable Mention)	Position(s)	Dates

i. Were you ever selected to play in a high school, collegiate, post-collegiate, professional or other all-star game (i.e., US Lacrosse Showcase, Under Armour All-American Game, North/South Game, MLL/NLL All-Star Game)? If yes, complete the following:

Team/Game	Position(s)	Dates

- j. Awards/Accolades/Other Recognition – High School/College/Post-Collegiate/Professional (see also Section V below)

Were you ever selected to an All-League, All-Conference, All-County, All-Area, All-Tournament, All-EPSLA, All-State, All-Schoolgirl Association, All-Club, All-Pro or other All-Star Team?

Level/Team/League/Tournament or Other Specifics (note 1 st , 2 nd , 3 rd , Honorable mention if applicable)	Position(s)	Dates

II. Coaching Career

- a. Were you ever a head coach?

School/Team (youth, high school, college, club, tournament, professional, international)	Dates

- b. Were you ever an assistant coach?

School/Team (youth, high school, college, club, professional, international)	Dates

- c. Were you ever a head coach of a championship team (league, collegiate, high school, club, tournament, professional, international)?

Championship Title	Team	Dates

III. Umpiring (Women) / Officiating (Men)

a. Women: years as an umpire (please name umpire chapter and dates):

Level	Years as Umpire	Umpire Chapter	Dates
Local			
District			
National			
International			

b. Men: years as an official (please name official's association and dates):

Level	Years as Official	Officials Association	Dates
High School			
College			
Club/Pro			
International			

c. Have you ever served as an umpire/official in scholastic, collegiate, club, professional or international championship play?

Games/Event/Details	Location	Dates

d. Awards/Accolades/Other Recognition (see also Section V below)

Lacrosse Honors/Awards	Dates

IV. Service

a. Offices held in any recognized local, state or national lacrosse organization, such as: the PLA, SEPLA, CCLA, PAGLA, PWLA, NJLA, PDLOA, GPLOA, KLOA, WLCA, USILA, USCLA, USLCA, NILA, Lacrosse Foundation, US Lacrosse Inc., etc. Please specify with details and dates.

Name of Organization	Role	Dates

b. Were you a member and/or chairman of any committees?

Name of Committee	Role	Dates

c. Have you ever founded/started a new team, program or league, organized or conducted clinics or other special events, or otherwise promoted the game of lacrosse?

Team/Program/Event	Detail	Dates

V. Individual Honors

a. Have you received any individual honors or awards as a player, coach, umpire/official, program administrator/promoter or contributed to lacrosse which are not already listed on this questionnaire (i.e. Captain, MVP, Player of the Year, Coach of the Year, Man of the Year, Sportsmanship, Citizenship, or Service Awards, Member of High School, College, or other Lacrosse Halls of Fame)?

Lacrosse Honors/Awards	Dates

VI. Personal Background Information – Optional

a. What other honors have you received in either athletic or non-athletic endeavors?

Other Honors/Awards	Dates

b. Please list occupations and positions held, and involvement with professional organizations.

Other Honors/Awards	Dates

c. Please provide any family information you feel is important.

VII. Additional Information: You may attach additional statements and/or letters of recommendation or support.

This questionnaire is submitted by:

Name :
Address:
Home Phone Number:
Work Phone Number:
Email Address: