**OFFICIAL**

Nominee Questionnaire

Goal of the Washington Chapter Lacrosse Hall of Fame Selection Process
as adopted from US Lacrosse:

"To select the absolute best of the best, within the context of an individual's era of participation."

Minimum Criteria for Men and Women

To be eligible in this category all nominees:

* Must be at least 10 years as an active official/umpire
* Must have a minimum rating of US Lacrosse Level 3 (District or National) or a collegiate rating
* Must be respected by peers and serve as a role model
* Demonstrated leadership toward the growth and improvement of the Washington officiating community.
* Must have character beyond reproach
The following are possible areas of evaluation used to determine Character Beyond Reproach:
	+ - Practice and perpetuation of positive sportsmanship on and off the field
		- Positive relations with peers, opponents, subordinates and supervisors within the game
		- Service within lacrosse development initiatives
		- Graduation rate (coaches), where applicable
		- Service and honors within civic, community and military community
		- Publicly known conviction of any crimes/felonies
* **Nominee signature required at end of application**

Accomplishment Criteria for Men and Women

To be eligible in this category all nominees must have achieved at least one of the following criteria:

* Officiate 5 High School State Championship games OR
* Officiate 3 Collegiate NCAA Conference Championship games
* Officiate 2 Collegiate Playoff games (MCLA, NCAA, WCLA) OR
* Officiate 1 Collegiate National Championships (NCAA, MCLA, WCLA) OR
* Officiate an elite international competition (Men-World Championship, Women-World Cup) and at least two final four collegiate playoff OR one collegiate national championship game

If an individual does not satisfy any of the foregoing criteria, but the Ballot Committee determines by a two-thirds majority that such individual fully and completely satisfies the spirit and intent of such criteria and such individual therefore represents the best of the best within the context of his/her era of participation, such individual may nevertheless be included on the ballot by the Ballot Committee. In such a case the Ballot Committee shall state in writing why it believes the nominee satisfies the spirit and intent of such criteria.

In addition, to be considered for induction to the WASHINGTON Chapter Lacrosse Hall of Fame:

* This questionnaire must be completed by, or on behalf of, a nominee – submitting information for all required areas/fields.
* If living, the nominee’s signature is required on the last page of the nomination questionnaire.

**I. PERSONAL DATA**

Required information noted in **BOLD**

* Nominee is deceased. Date of passing:

**Nominee’s Full Name:**

Maiden Name: Spouse Name:

**Home Address:**

**City: State: Zip:**

**Birth Date:**

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

Cell Phone: ( ) E-mail:

**Date that nominee last participated at the level of play for which nominee is being evaluated for induction:**

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

Please outline any family information that you feel is relevant.

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

 **II. OFFICIATING INFORMATION**

Required information noted in **BOLD**

**Levels of Officiating Attained:**

Level Year Attained Dates Participated

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High School – Official

League/District Location Dates Participated

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College – Official

League/District Location Dates Participated

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Club – Official

League/District Location Dates Participated

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Professional – Official

League/District Location Dates Participated

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International – Official

League/District Location Dates Participated

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Has the nominee served as an official for high school championship game play?

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Has the nominee served as an official for collegiate conference championship game play?

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Has the nominee served as an official for collegiate playoff game play?

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Has the nominee served as an official for collegiate national championship game play?

Event Date Location

Event Date Location

Event Date Location

Event Date Location

Event Date Location

Has the nominee served as an official for international semifinal game play?

Event Year Location

Event Year Location

Event Year Location

Event Year Location

Has the nominee served as an official for international championship game play?

Event Year Location

Event Year Location

Event Year Location

Event Year Location

List all honors or accolades that the nominee has received as an official.

Honor Year

Honor Year

Honor Year

Honor Year

Honor Year

Honor Year

Has the nominee been inducted into another 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 the nominee has 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.**

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

* I , wish to be considered for election to the WASHINGTON Chapter 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 WASHINGTON Chapter 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:**

**Washington Chapter of US Lacrosse, Inc.**

**c/o Hall of Fame Selection Committee Chair****hall\_of\_fame@uslax-wa.org**