



## Hall of Fame Contact Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse: \_\_\_\_\_

We are a Chapter Member:

Vancouver Chapter

Vancouver Island Chapter

Central Chapter

*Thank you for taking the time to complete this form!*