



**BRUCE GREY
MUSIC HALL of FAME**

c/o Bill Murdoch & Inductee Committee
General Delivery, Bognor, Ontario, Canada N0H 1E0
Phone: 519-371-3918 or 519-371-1152
Email: infobognorjam.com

**Application Form
for Bruce Grey Music Hall of Fame**

I hereby submit the following name & information for consideration
for induction into the BGMHF
(please print)

FULL NAME: _____

GROUP (Primary Contact): _____

FEMALE: MALE: LIVING: DECEASED:

COMPLETE CURRENT ADDRESS

Street: _____

P.O. Box: _____

Fire No., RR #: _____

Community: _____

Province: _____ Postal Code: _____

Email Address: _____

Phone No: _____

Birth Place: _____ Date: _____

NOTE:

If deceased, date of death, if known: _____

NOMINATION CATEGORIES

(check one)

Professional: Semi-Professional: Lead Vocalist: Back-up Vocalist:

Group (Stage Name): _____

Non Performer: _____

Musician (Type of Instrument): _____

CRITERIA For NOMINATION

- 1) Nominee must have contributed significantly to the musical heritage of Bruce & Grey Counties (includes Owen Sound, Towns, Villages & Hamlets)
- 2) Non-performer must have contributed significantly to the promotion of music in Bruce & Grey Counties, as a columnist, builder, radio / TV personality, agent or promoter.
- 3) Application must be accompanied by a photograph of the nominee, & other items of availability, such as news clippings, CD, or other material pertinent for the Induction Committee to consider (see page 3 for additional support information).
- 4) Nominee Applications must be received by the Induction Committee no later than May 1st. Nominees not accepted by the Induction Committee are subject to future Hall of Fame consideration.
(NOTE: A new application may be necessary with updated information).

The **BRUCE GREY MUSIC HALL of FAME**

Located at the

Hepworth Shallow Lake Legion Auditorium

9 Legion Road, Hepworth, Ontario. N0H 1P0

Phone: 519-935-2902

Email: officehepworthshallowlakelegion.ca

Additional Information

DECLARATION of NOMINATOR

This Declaration Must Be Signed By The Nominator

Please provide all your contact information

Declaration:

I confirm that the information provided in this Nomination Application is true to the best of my knowledge, information and belief. I am prepared to provide further support content, if so requested by the BGMHF Inductee Nominating Committee. I understand that if additional requested information is not forthcoming, this nomination will be null and void.

Name of Nominator (please print): _____

Signature of Nominator: _____

CONTENT INFORMATION OF NOMINATOR

Full Mailing Address: _____

Phone Number: _____

E-Mail Address: _____