



FALHER REGIONAL RECREATION COMPLEX WALL OF FAME

Program Guide



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Program Overview

The wall is dedicated to celebrating the rich sporting history and remarkable achievements within our community. This initiative aims to permanently recognize the individuals and teams who have brought honour and distinction to our community through their athletic skill and unwavering dedication.

The Falher Regional Recreation Complex Wall of Fame will honour excellence by publicly acknowledging and celebrating the outstanding athletic achievements of individuals and teams. It will recognize not only athletes and teams but also commend the tireless efforts of coaches, officials, administrators, volunteers, who have significantly contributed to the development and success of these sports in the region. Create a legacy that showcases the talent, dedication, and community spirit that has shaped our local sports landscapes and inspire future generations.





Program Guide

Who Can Be Nominated

1. Athlete:

- Must have participated in a sport and attained a level of excellence or landmark result that brought special honour and recognition to the community.
- Achievements should be considered exceptional and sustained within the contest of their sport and community.
- Must have retired from active participation in the sport(s) for a period of not less than two years.
- Must have a clear connection to the region, within the MD of Smoky River.

2. Team:

- Must have represented sport with distinction and achieved excellence at a level higher than typically achieved (e.g., national or international competition, or another significant accomplishment).
- A "team" is defined as any group or two or more athletes engaged in the same sport who work together as a unit.
- Team nomination should include all athletes, coaches, trainers, managers, and other relevant support personnel.
- Must have a clear connection to the region, within the MD of Smoky River.

3. Builder of Sport:

- Includes officials, executives, trainers, coaches, administrators, and volunteers, etc., whose work for sport over an extended period of time has been significant.
- Must have made a significant contribution to our regions sport(s), whether in organization, coaching success, or consistently high-level services.
- Must have served the local Community for a significant amount of time (not necessarily consecutively).

- No retirement waiting period is required for Builders.
- Must have a clear connection to the region, within the MD of Smoky River.

Process of Application

To nominate an individual or team for the Falher Regional Recreation Complex Wall of Fame, please follow these steps:

1. Obtain a Nomination Form: The FRRC Wall of Fame Form PDF can be printed from the website or picked up in person at the Town of Falher office.
2. Complete the Form.
3. Provide a Narrative: On a separate piece of paper, provide a complete narrative detailing the activities and achievements of the nominee (person or team) and explain why you believe they should be selected. This narrative should clearly outline their connection to the region.



4. Include Supporting Documentation: All necessary proof to substantiate your information should accompany the application. This can include newspaper clippings, statistical records, awards, photographs, testimonials, etc.
5. Include a minimum of two endorsements to corroborate the nominee.
6. Submit a Photograph: All nominations are required to submit a photograph of the nominee (physical photographs may not be returned).
7. Submission Methods: Completed nomination forms and all supporting documents can be submitted via:
 - Electronically: Email to community@falher.ca
 - In Person: Town of Falher office 011 Central Ave SW Falher, AB
 - By Mail: Town of Falher c/o Director of Community Services Box 155, Falher, AB T0H 1M0
8. Nominations must be received by June 1st of each year.

Selection Process

1. The Selection Committee will consist of two to three Members-at-Large (see Selection Committee Form), members of the Town of Falher Recreation Committee, and the Director of Community Services.
2. The Director of Community Services will accept all nominations until June 1 of each year and forward them to the Selection Committee for review.
3. The Selection Committee will review all submitted nominations and select up to three recipients each year. Selections will be finalized and announced no later than October 31.
4. Selections will be based solely on the information provided in the nomination forms.
5. Nominations that are not selected may be resubmitted in subsequent years.
6. The unveiling of the selected recipients will take place before December 20 of each year.



Wall of Fame Nomination Form

Nomination is for the following category: Individual Athlete Team Builder

Nominee Information:

Name of Nominee			
Address			
Phone Number			
Email Address			
Date of Birth			
Years of retirement from sport			
Is the nominee deceased:	Yes No	If yes, date of passing:	
How long did the nominee live within the MD of Smoky River			
Is the nominee aware of the nomination?	Yes No		

Sport Achievement:

Name of Sport				
Level of involvement	Local	Provincial	National	International

Please provide a complete narrative on a separate document, describing the activities and achievements of the person or team being nominated. Include paper clippings, documentation, etc. as well as why you feel your nominee should be selected. Narratives should include how the person or team is connected to the region. All necessary proof to substantiate your information should accompany this application. All nominations will be required to submit a photograph; physical photographs may not be returned. Please note: incomplete nomination forms will be returned for further information and may not be eligible for this year's consideration.

Also, please include two endorsement statements from individuals whom know the person being nominated. Such endorsements can come from teachers, coaches or members of the community.



Endorsement Information:

Endorser's Name		
Address		
Phone number		
Email address		
Endorser's Statement Provided in this package?	YES	NO

Endorser's Name		
Address		
Phone number		
Email address		
Endorser's Statement Provided in this package?	YES	NO

Nominator Information:

Nominator Name	
Address	
Phone number	
Email address	

I certify that the information provided in this form is true and accurate to the best of my knowledge.

Signature of nominator: _____

Date: _____



Selection Committee Application

The Falher Regional Recreation Complex Wall of Fame recognizes individuals and teams with a strong connection to the Smoky River region who have demonstrated excellence in:

- **Athletic Achievement** (individual or team), and/or
- **Builder of Sport Contributions**, including coaches, trainers, volunteers, executives, and other contributors to sport development.

The Wall of Fame Selection Committee is responsible for reviewing nominations and selecting up to three inductees annually.

The Selection Committee will consist of:

- Two (2) Members at Large (selected annually through the application process)
- Representatives from the Falher Recreation Committee
- Town of Falher Director of Community Services

The committee will meet two to three times per year to review nominations and determine inductees.

- Only two Members at Large will be selected each year.
- Applicants must have a connection to the Smoky River region.
- In the event of a conflict of interest between a committee member and a nominee, the applicant will not be considered for appointment.

If you are an active member of, or enthusiastic supporter of, sport in our community, we encourage you to apply.

Applicant's Information:

Name of Applicant	
Address	
Number of years living within MD of Smoky River	
Phone Number	
Email Address	



Selection Committee Application

Describe your motivation for serving on the Wall of Fame Selection Committee?

Explain your suitability as a candidate to serve on the Wall of Fame Selection Committee?

I certify that the information provided in this form is true and accurate to the best of my knowledge.

Signature of applicant: _____

Date: _____