



Legends of Washington Wine Hall of Fame

A Project of the Walter Clore Wine & Culinary Center

Nomination Form

Please review Nomination Procedures prior to completing this form and respond by May 22, 2009

Date _____ Nominee's Full Name _____

Please mark all that apply:

<input type="checkbox"/> Winemaker	<input type="checkbox"/> Viticulturist	<input type="checkbox"/> Teacher	<input type="checkbox"/> Supplier
<input type="checkbox"/> Winery Owner	<input type="checkbox"/> Researcher	<input type="checkbox"/> Mentor	<input type="checkbox"/> Retailer
<input type="checkbox"/> Winery Staff	<input type="checkbox"/> Scientist	<input type="checkbox"/> Philanthropist	<input type="checkbox"/> Journalist
<input type="checkbox"/> Other (please specify) _____			

Home Address _____ City/State/Zip _____
Home Phone _____ Spouse _____
Business Association _____
Business Address _____ City/State/Zip _____
Business Phone _____ Cell _____ Fax _____
E-Mail Address _____

Minimum Years Washington Resident 25 Years Yes _____ No _____
Minimum Years in Wine Industry 25 Years Yes _____ No _____

In terms of the following criteria, please describe why this nominee should be considered for the Legends Hall of Fame. Criteria includes: Impact on the wine industry, contribution to the wine industry, and service to the community as well as the historical and lasting significance the individual leaves for future generations.

IMPORTANT: Support data such as newspaper articles, awards and affiliations, letters of endorsement/recommendation, etc., are welcome; but please limit to one 8½" x 11" sheet.

Nominated By _____ Affiliation _____
Address _____ City/State/Zip _____
Primary Phone _____ Secondary Phone _____
Email Address _____ Other Contact _____

Please be prepared to name two (2) individuals who highly recommend the nominee and would be willing to share a personal story or anecdote about your nominee.

Signature of Nominator _____ Date _____