

Nomination Form

Instructions:

All information on this form must be completed. Include with this nomination form:

- 1) a minimum of two (2) and a maximum of four (4) letters of recommendation explaining why you think this individual is worthy of this honor. Please limit each letter to ONE typewritten page. Letters of recommendation for other awards or honors should not be used as a substitute for this requirement.
- 2) photocopies (8 ½" x 11") of not more than six (6) of the following: newspaper clippings, magazine articles, event programs, or other such materials that detail information about the nominee's accomplishments (DO NOT SEND ORIGINALS). Please do not use notebooks with plastic sheet protectors or highlighters to point out specific facts; either underline or draw arrows to mark copy.
- 3) a current portrait-type photograph of the nominee. Please include names on all photos. **NOTE:** All information submitted shall be retained by the League and all actions necessary to the selection process shall remain confidential.

NOTE: The Hall of Fame Induction Ceremony will be held in the Spring of 2024

Return the completed nomination form and support materials before or not later than June 1st 2023 to:

MSHSL Hall of Fame Director 2100 Freeway
Boulevard Brooklyn Center, MN 55430-1735

Please check appropriate nomination category:

☐ Fine Arts
☐ Participant
☐ Director/Coach
☐ Adjudicator
☐ Activity/Athletic Director

☐ Administrator
☐ Athletic Official
☐ Coach
☐ Athlete
☐ Contributor

Hall of Fame Nominee:

(first, middle, last)

Address: _____

(street address – city, state, zip)

Phone: _____

Home: _____

Place/Date of Birth: _____

Cell: _____

Date of Retirement: _____

Email: _____

Is the nominee still active in any area of activities other than the category for which he/she is being nominated?

☐ Yes ☐ No If yes, please explain: _____

If Deceased, Date of Death: _____

Name of spouse or closest living relative: _____

Address: _____

Phone: _____

Home: _____

Cell: _____

Email: _____

Schools Attended:

High School _____

City and State _____

Year Graduated _____

College/University _____

City and State _____

Year Graduated _____

Degree _____

Post Graduate School _____

City and State _____

Year Graduated _____

Degree _____

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		Home: _____	
Name: _____	Phone: _____	Cell: _____	
School: _____	Street Address: _____		
PO Box, City, State, Zip Code _____			
Email: _____			
Signed: _____		Date _____	