

NCISAA HALL OF FAME NOMINATION FORM

(PLEASE PRINT OR TYPE ALL INFORMATION)

I. NOMINEE INFORMATION

NAME: _____
LAST
FIRST
MIDDLE
NICKNAME (IF APPLICABLE)

ADDRESS: _____

CITY _STATE_ _ZIP_

AGE: _____ DATE OF BIRTH: ___/___/_____

TELEPHONE: WORK (____) ____ - _____ HOME (____) ____ - _____

NCISAA SCHOOL(S) ASSOCIATED WITH: _____

DEGREES EARNED:

DEGREE	COLLEGE/UNIVERSITY	YEAR EARNED

**IF NOMINEE IS DECEASED, GIVE DATE OF BIRTH AND SUPPLY CONTACT INFORMATION OF THE NEAREST RELATIVE*

II. SPONSOR INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: WORK (____) ____ - _____ HOME (____) ____ - _____

SCHOOL ASSOCIATED WITH: _____

TITLE/POSITION: _____

SIGNATURE: _____ DATE: _____

III. PROFESSIONAL ACTIVITIES

-IN CHART BELOW, PLEASE LIST CHRONOLOGICALLY THE NOMINEE'S POSITION (COACH, AD, HEAD OF SCHOOL, ECT.) AND OTHER APPROPRIATE DATA

POSITION	DATES	NCISAA SCHOOL	HONORS	COACHING RECORDS

CIVIC, CHARITABLE AND OTHER HUMANITARIAN ACTIVITIES OR AWARDS

1. _____
2. _____
3. _____
4. _____
5. _____

IV. SUPPORT OF CANDIDACY

Using whatever data you wish, please describe the activities and accomplishments of this candidate, which make him/her a viable candidate for the NCISAA Hall of Fame. Please remember that only thorough and complete documentation will be considered. Letters of recommendation newspaper articles, ect., in support may also be submitted.

The committee shall seek to honor those who have directly influenced the history and evolution of the North Carolina Independent Athletic Association. Attachments are considered appropriate.