

| Date Submitted: | |
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Nomination for Induction Official Nomination Form

| NOMINEES NAME: | | |
|-----------------------------------|------------------|------------------------------|
| Contact Individual: | | |
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| In the event of posthumous nomina | ation, please de | signate a contact individual |
| HOME ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| PHONE: (H) | (W) | |
| FAX: | _ EMAIL: | |
| DATE OF BIRTH: | PLACE: | |
| HIGH SCHOOL & GRADUATION | YEAR: | |
| COLLEGE & GRADUATION YEAR | ₹: | |
| SPOUSE'S NAME: | | |
| CHILDREN'S NAMES: | | |
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| PROFESSIONAL SUMMARY |
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| Dates / Team / Company / Business / Title |
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| ACCOMPLISHMENTS SUMMARY |
| Dates / Awards / Honors |
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| CIVIC ACTIVITY |
| Dates / organizations / Committees |
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| A maximum of TWO one-page letters of recommendation will be accepted. All information submitted becomes the property of the Colorado Sports Hall of Fame. Nomination forms and letters will NOT be returned. If possible, please submit a glossy photograph of the nominee. Attach any additional information that you feel will be helpful in submitting this form, including news clippings, magazine articles and promotional material. This information will be kept in reference files, but will NOT be considered during the selection process - ONLY THIS COMPLETED FORM WILL BE USED. |
| Submitted By: |
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