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|  | MINNESOTA GIRLS HOCKEY COACHES HOCKEY COACHES ASSOCIATIONHALL OF FAMENOMINATION FORM | ALL INFORMATION MUST BE TYPED! |
| **Criteria for the Selection of Candidates**Individuals selected as nominees must have shown a deep sense of responsibility and demonstrated a high level of dedication to promote the sport of girls’ hockey and interscholastic athletics. Nominee will have demonstrated over a period of time a commitment to the sport of girls/women’s hockey See criteria handout for detailed information regarding eligibility requirements for the MGHCA Hall of Fame.**Nomination Procedures**1. The nomination form and any supporting documentation should be sent to the Hall of Fame director for consideration as early as possible.
2. Do NOT list nominee’s name on the outside of any correspondence (i.e. on envelope, etc.)
3. A minimum of two and a maximum of four letters of reference should be included with this nomination form.
4. A current portrait-type photograph of the nominee. Please include names on all photos. High resolution electronic photos are acceptable. (Head & shoulder portrait)
5. **NOTE:**  All information submitted shall be retained by the MGHCA and all actions necessary to the selection process shall remain confidential.

**Return the completed nomination form and support materials to:**MGHCA**ATTN: Hall of Fame Committee Chair**PO Box 120788New Brighton, MN 55112 |

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| **Please check all that apply** |
|  | *COACH* |  | *PIONEER* |
|  | *MGHCA VOLUNTEER or ADMINISTRATION* |  | *COLLEGE COACH* |
|  | *BUILDER or CONTRIBUTOR* |  |  |
|  | *OTHERS (Please list)* |  |

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| **NOMINEE PERSONAL INFORMATION** |
| *HALL OF FAME NOMINEE:* |  |
| *ADDRESS (City, State, Zip)* |  |
| *HOME PHONE* |  | *CELL PHONE* |  |
| *HOME TOWN* |  | *Date of Birth* |  |
| *Name of Spouse or Closest Relative* |  |
| *Name(s) of Children or Family Members* |  |
| *Address (City, State, Zip)* |  | *Phone* |  |
| *Is the Nominee still active in any area for which he/she is being nominated? If yes, explain below.* |
|  |
| *If Deceased, Nominee’s Date of Death* |  |
| **EDUCATION BACKGROUND** |
| *High School* | *City and State* | *Year Graduated* |  |
|  |  |  |
| *College/University* | *City and State* | *Year Graduated* | *Degree/Major* |
|  |  |  |  |
| *Post Graduate School* | *City and State* | *Year Graduated* | *Degree/Major* |
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| *Other Coursework* | *City and State* | *Year Graduated* | *Degree/Major* |
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|  | **HALL OF FAME****NOMINATION FORM** | **↓↓CANDIDATE NAME↓↓** | ALL INFORMATION MUST BE TYPED! |
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| *1. Career description and affiliation with Minnesota Girls Hockey Coaches Association (give complete background and information pertaining to involvement in girls high school hockey).* |
|  |
| *2. Honors and Recognitions (give complete details of high school honors, awards and recognition, outstanding performances, records, etc.)* |
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| *3. Please list other highlights and experiences, or other information (not previously listed) that substantiates the nominee’s accomplishments.* |
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| ***NAME OF INDIVIDUAL SUBMITTING NOMINATION*** |  |
| ***ADDRESS OF NOMINATOR (city, state, zip)*** |  |
| ***PHONE***  |  | ***EMAIL ADDRESS*** |  |

***Please include any letters, photos, or memorabilia related to this nomination with the completed nomination form. Hard copies of photos and/or memorabilia will be returned to the nominator at the completion of the selection process.***