



HALL OF FAME NOMINATION FORM

Return to: Jim Galvin
4702 Wood Avenue
White Bear Lake, MN 55110
Submit by March 8

Nominee's Name: _____

Nominee's Address: _____

Nominee's Phone: _____

Nomination Placed By: _____

Address: _____

Phone: _____

PERSONAL HISTORY

Home Town: _____ College Attended: _____

COACHING HISTORY

School	Sports	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

Conference Championships (School/Years):

Section & State Championships (School/Years):

Coaching Awards, Honors, and Highlights:

Coaches' Association Involvement:

Career Record: _____

ORGANIZATIONS AND HONORS

PLEASE LIST ANY OTHER HIGHLIGHTS AND EXPERIENCES WHICH MAY BE RELEVANT TO THE SELECTION PROCESS:

REFERENCES: List three (3) people who will submit Letters of Recommendation

1. Name: _____

Address: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Relationship: _____

3. Name: _____

Address: _____

Phone: _____

Relationship: _____

*** See Next Page**



HALL OF FAME RECOMMENDATION LETTER

Date: _____

Nominee: _____

Letter Submitted by: _____

Address: _____

Phone: _____

Association with Nominee: _____

Please write about your knowledge of the nominee and why you believe this person deserves to be considered as a candidate for induction into the MBCA Hall of Fame. You may use this form (back if necessary) or write a narrative and attach it to this form.

*** Please return to the individual who the recommendation is going through. That individual will forward it to the chairman of the selection committee.