**

**NWBA *Hall of Fame* Nomination Form**

CATEGORY:

NOMINEES NAME:

CONTACT INFORMATION (phone, address, e-mail):

AGE:

EDUCATION:

BIOGRAPHY:

(Please attach *Letter of Nomination* (Word Format) that includes the following):

A. Competitors Category:

* Team Affiliations and Longevity in NWBA
* Player History and Distinctive Playing Record (Stats, Awards)
* Membership on Championship and US Teams
* Superiority of Basketball Skill Respective to Classification
* Unique Achievements and Positive Influences on the Sport of Wheelchair Basketball
* B. Non-Competitors:
  + Length of Service to the NWBA
  + Capacity to the NWBA (Coach, Administrator, Official, Supporter)
  + Define and prioritize significant Contribution to the Development of the Sport of Wheelchair Basketball.
  + NAME OF PERSON NOMINATING (phone, address, e-mail):
  + AFFILIATION:
  + LETTERS OF ENDORSEMENT:
  + (Please include the following):

Three or more *Letters of Endorsement* (Word Format) from individuals, familiar with the nominee, who can personalize, substantiate, and define their significant contribution to the NWBA and the Sport of Wheelchair Basketball.

Please e-mail the ‘*Letter of Nomination’* and the ‘*Letters of Endorsement*’ to:

Dave Kiley [at dk@dkhoops.com](mailto:at%20dk@dkhoops.com) (Subject-NWBA H of F Nomination)