



Colorado Sports
Hall of Fame

Date Submitted: _____

Nomination for Induction Official Nomination Form

NOMINEES NAME: _____

Contact Individual: _____

In the event of posthumous nomination, please designate 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: _____

PROFESSIONAL SUMMARY

Dates / Team / Company / Business / Title

ACCOMPLISHMENTS SUMMARY

Dates / Awards / Honors

CIVIC ACTIVITY

Dates / organizations / Committees

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: _____
