



## The Indiana Soccer Hall of Fame NOMINATION FORM

This nomination form is for any exceptional player, coach, referee, or administrator who has given their time to the improvement to the game of soccer. The nominee should have contributed a minimum of 15 years to the game (player not less than 10 years) prior to nomination.

Nomination Year \_\_\_\_\_

**Please select award category:**      Nomination for Outstanding Achievement

Nomination for Lifetime Achievement

**PLEASE CHECK NOMINEE'S CONTRIBUTIONS:**

PLAYER     COACH     REFEREE     ADMINISTRATOR     SUPPORTER     VOLUNTEER

If Supporter or Volunteer, please describe (i.e. media, sports medicine, donor) \_\_\_\_\_

**Nominee's Information:**

Full Name      \_\_\_\_\_

First                      Middle                      Last                      Nickname (optional)

Address:      \_\_\_\_\_

Street or P.O. Box                      City                      State    Zip Code

Phone:      \_\_\_\_\_                      Email: \_\_\_\_\_

School/State/Club/Team Affiliation: \_\_\_\_\_



**Name/Contact Person Submitting Nomination:**

Full Name	_____	_____	_____	_____
	First	Middle	Last	Nickname (optional)
Address:	_____	_____	_____	_____
	Street or P.O. Box	City	State	Zip Code
Phone:	_____	Email:	_____	
School/State/Club/Team Affiliation:	_____			

Is Nominee still active in the category(ies) for which he/she is being nominated? Yes  No

If No, date of retirement \_\_\_\_\_

Name of Spouse or closest living relative:

Full Name	_____	_____	_____	_____
	First	Middle	Last	Nickname (optional)
Address:	_____	_____	_____	_____
	Street or P.O. Box	City	State	Zip Code
Phone:	_____	Email:	_____	

Materials included  
in this nomination form:

- Most Recent Head/Shoulder Photo (Required)
- Community Recognition.
- Letters of endorsement  
(Min. 3/Max. 5 (preferred) limit to 2 pages each)







Last edited 07-02-2017

### **III. CONTRIBUTIONS TO SOCCER**

List nominee's contributions as a leader, speaker, writer, innovator, or elected/appointed officer or committee member, which made an impact beyond the local level.

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### **IV. IMPACT ON INDIANA SOCCER PROGRAMS**

Describe the nominee's single contribution that, in your opinion, had the most significant impact on Indiana Soccer.

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## Letters of Endorsement

(Minimum 3/Maximum 5 preferred)

Please list names of persons submitting letters. Letters must accompany this Nomination Packet.

1. Name \_\_\_\_\_

Contact Information (phone or email address) \_\_\_\_\_

2. Name \_\_\_\_\_

Contact Information (phone or email address) \_\_\_\_\_

3. Name \_\_\_\_\_

Contact Information (phone or email address) \_\_\_\_\_

4. Name \_\_\_\_\_

Contact Information (phone or email address) \_\_\_\_\_

5. Name \_\_\_\_\_

Contact Information (phone or email address) \_\_\_\_\_