



# MINNESOTA TOUCH FOOTBALL HALL OF FAME NOMINATION FORM

\_\_\_\_\_  
Year

Nominee \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Touch Football Community where major accomplishments were achieved \_\_\_\_\_

Is that touch football community's program currently affiliated with the MSF, the MN Touch Football Hall of Fame Administrator/Custodian?  Yes  No

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Check the Nomination Category:  Superior Performance

Meritorious Service

Check all that apply:

Player

Manager/Coach

Promoter

Administrator

Referee

Sponsor

Volunteer

Media

Nominated by \_\_\_\_\_ Date of Nomination \_\_\_\_\_  
(If a relative, must have a seconding nomination by non-relative)

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Seconding Nomination Name \_\_\_\_\_

- CONTINUED ON REVERSE/NEXT PAGE -

Nominee's Personal Stats \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominee's Personal Accomplishments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominee's Team Accomplishments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**- ATTACH ADDITIONAL SHEET IF NECESSARY -**

Attach a one or two page narrative, ***as you would want their bio read at the nominee's potential induction ceremony***. Provide pertinent accomplishments of nominee in city, state, regional or national competition. Also, attach newspaper clippings, letters of reference or other forms of documentation. **Include statistical information in the bio.**

Send to:  
Minnesota Touch Football Hall of Fame Committee • 118 12th Ave N. • South St. Paul, MN 55075  
(651) 451-3140

**DEADLINE FOR SENDING THIS NOMINATION IS JUNE 15**