



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