

**Nomination Form  
Macon Sports Hall of Fame**

Nominee:

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

High School Attended \_\_\_\_\_ Dates \_\_\_\_\_

College Attended \_\_\_\_\_ Dates \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Categories: (Please check the one category for which you are nominating the candidate)

Athlete \_\_\_\_\_ Coach/Manager \_\_\_\_\_ Contributor \_\_\_\_\_ Civic Leader \_\_\_\_\_ Multi \_\_\_\_\_

Sports Classification (check all that apply):

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball
<input type="checkbox"/> Football	<input type="checkbox"/> Tennis
<input type="checkbox"/> Track & Field	<input type="checkbox"/> Soccer
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Other (specify)

( check all that apply )

<input type="checkbox"/> High School
<input type="checkbox"/> College
<input type="checkbox"/> Professional
<input type="checkbox"/> Other

Nominated By:

Name \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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

This nomination form is not considered complete unless the nominator fills out all of the information above. Please include a photograph of the nominee if available.

Briefly summarize the nominee's career listing all honors, accomplishments, and records in descending order on additional pages and attach to this form. It is also necessary to address nominee's character, integrity, and sportsmanship. Return to any Board Member or send to : PO Box 7654 Macon, Ga 31209 **DEADLINE IS MARCH 1 every year.**