Mountain Sports Hall of Fame
Application

Nominee Information

Full Name_____
Date of Birth _____
Is the nominee deceased? Yes / No
Date of Death_____

If nominee is not deceased, please provide requested information below:
Address_____
City, State, Zip _____
Phone (Day _____ Night _____

Information about person making the nomination (list "self" if self-nominating)

Full Name _____
Address _____
City, State, Zip _____
Phone (Day _____ Night_____

Please list the primary sport(s) of nominee. _____
Please summarize the nominee's accomplishments, achievements, or contributions providing as much detailed and specific information as possible._____
_____
_____
_____
_____

Please list any other factors about this individual that you would like for the Selection Committee to consider._____
_____
_____
_____

I certify that I have truthfully completed this information about the nominee with the permission of the nominee, that he/she will accept induction if selected, and I will cooperate with the Selection Committee should additional information be needed for his/her consideration.

_____ _____ _____
Name (print) Signature Date