

**OFFICIAL NOMINATING FORM
THE PENNSYLVANIA SPORTS HALL OF FAME, INC**

NOMINEE'S BIOGRAPHICAL SKETCH

(Not To Exceed 100 Words – Attach A Glossy Photograph)

Information contained on this Biographical Sketch will appear on all Ballots, Media Releases, Induction Ceremonial Program, and Program Introductions. We emphasize the importance of accuracy, please do not embarrass your nominee.

*** I, the undersigned, hereby certify to the best of my knowledge, the personal and biographical information placed on this form is correct:

***** Printed Name of Inductee/Deceased designated representative: _____ Date: _____

*****Inductee/Deceased designated representative signed Name: _____

NOMINATING CHAPTER: _____

REGION: _____

Chapter President's Printed Name

Signed By Chapter President

Senior Regional Vice President Printed Name

Signed By Senior Regional Vice-President

Date Received By Senior Regional Vice-President: _____

Deadline for submitting Nominees is September 1, 20____

Executive Action: Executive Committee Ballot Yes ____ No ____

Membership Ballot Yes ____ No ____

Inductee Yes ____ No ____

11/15/11

PENNSYLVANIA SPORTS HALL OF FAME, INC
(OFFICIAL INDUCTEE NOMINATING FORM)

RETURN NOT LATER THAN September 1st TO: PSHF, Inc, P. O. Box 7152, Lancaster, PA 17604-7152
(Must be submitted through your Senior Regional Vice President)

PART I - NOMINATING REQUIREMENTS

Each Chapter may nominate not more than three (3) living and two (2) deceased individuals.

Living Nominees: Must have been retired from sport or position minimum of three (3) years; OR, been in the sport or position minimum of twenty-five (25) years; OR, reached their fifty-fifth (55th) birthday; and, **WILL ATTEND Annual Induction Ceremonial.**

Deceased Nominees: Must have been deceased minimum of one year. Furnish name, address and telephone information of individual's representative who **WILL ATTEND Annual Induction Ceremonial.**

Completing Nominating Form: Form must be completed with accuracy and neatness. The Nominating Form will be returned to Chapter if errors are found, or biographical sketch does not accurately reflect dates or accomplishments.

PART II-A: NOMINEE'S PERSONAL DATA

NAME: Last: _____ First: _____ MI: _____

ADDRESS: _____ City: _____

HOME PHONE: _____ - _____ - _____ State: _____ Zip Code: _____

O/C PHONE: _____ - _____ - _____ E-Mail: _____

BIRTH: Date: _____ Town: _____ Age: _____

SPORT: _____ Year Entered: _____ Year Retired: _____

PART II-B: DECEASED NOMINEE'S DATA

NAME: Last: _____ First: _____ MI: _____

Date of Death: _____ Place of Interment: _____

SPORT: _____

Individual Attending Induction Ceremonial: _____ Relation: _____

ADDRESS: _____ City: _____

HOME PHONE: _____ - _____ - _____ State: _____ Zip Code: _____

O/C PHONE _____ - _____ - _____ E-Mail: _____

Nominee or Deceased Representative musts sign Personal Data/Biographical Validation Certificate and complete biographical data on reverse side.

11/15/11