



Missouri School for the Deaf Alumni Association

HALL OF FAME NOMINATION

Name of Nominator: _____

I wish to nominate: _____

For: Athlete ____ Coach ____ Leader ____

Let us know why you are nominating the person above. There are two (2) ways you can nominate:

_____ I wish to be contacted by a Hall of Fame Committee member via videophone.

VP # _____ Best time to contact: _____

- OR -

_____ Write below the reasons why this candidate deserves to be in the MSDAA Hall of Fame. (If you need more space, please use the back of this sheet)

Please include the mailing address, e-mail address, and phone number(s) of the candidate or their surviving family.

Nominator's Signature _____ Date ____/____/____

Please complete the form and mail to:

MSDAA Hall of Fame
Committee Chairperson
208 W. 6th Street
Fulton, MO 65251
c/o Nomination Coordinator

For additional information, please contact the chairperson at halloffame@msdaa.org or visit the MSDAA website.