



Missouri School for the Deaf 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 Nomination Coordinator via videophone.

VP # _____ Best time to contact: _____

- OR -

_____ Write below the reasons why this nominee deserves to be in the MSD 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 nominee or their surviving family.

Nominator's Signature _____ Date ____/____/____

Please complete the form and mail to:

MSD Hall of Fame
Nomination Coordinator
214 S. Ravine Street
Fulton, Missouri 65251
E-mail: b7drew.bd@gmail.com

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