

Madison Area Soccer Hall of Fame Candidate's Personal Information

Name of Candidate _____

Please circle primary category of the nominee:

Player

Coach

Official

Builder

It is common for nominees to have experience/accomplishments in multiple categories.

Birth Date _____

Birth Place _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Email _____

Candidate's Experience – please list relevant experience and accomplishments of the nominee.

Playing

Coaching

Officiating

Officiating

Candidate Recommendation

Please provide contact information for the person or appropriate group submitting this nomination in the likely event that the selection committee must perform additional follow-up and/or notification of acceptance into the Madison Area Soccer Hall of Fame.

Nominated by: (Individual or Organization)

Address

City

State

Zip

Telephone

Email

To the best of my knowledge the nominated individual is/was in good standing with the Madison-area soccer community and his/her consideration is not compromised by any ethical concerns:

Signed by: _____

Mail Nominations to:

Madison Area Youth Soccer Association
c/o MaSHoF
5964 Executive Dr., Ste 1
Madison, WI 53719

Date Received:

Committee Notes