



HALL OF FAME NOMINATION

Date: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: home (_____) _____ work (_____) _____

Birth Date: _____ Place of Birth: _____

High School Attended: _____ Graduation Date: _____

College Attended: _____ Graduation Date: _____

Additional Degrees: _____

Member of MFCFA since: _____

Employment: (Please list in chronological order.)

School	Dates	Duties	W-L Record (Head Coaches Only)	Number of Seasons
TOTAL YEARS AS A HEAD COACH IN THE STATE OF MO				

Coaching Honors (Team Honors, Undefeated Seasons, Playoffs, Conference, District, State Championships, Etc....)



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Please provide any statement or information about the candidate that would be helpful to the HOF Committee.

If possible, please enclose a billfold size photograph.

If candidate is deceased please list: Date of Death: _____

Name and address of nearest living relative: _____

Sponsor Information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: home (_____) _____ work (_____) _____

Title-Position: _____

Signature: _____ Date: _____

Please mail and/or FAX this form to:	
MAIL or FAX to: Stan Kee MFCFA Hall of Fame Committee 1111 North Main St. Carrolton, MO 64633 (660) 542-0179 FAX	FAX to: Doug Potts MFCFA Hall of Fame Committee (417) 326-4325 FAX