

Niagara Track & Field Hall of Fame Coach NOMINATION AND INFORMATION FORM

Please print or type all information. Attach any additional sheets as may be appropriate. Legibility is crucial. Using a computer or word processor to prepare the nomination on other sheets is acceptable so long as all of the required information is provided as shown on this form.

Mail to: Niagara Track & Field Hall of Fame
c/o Dr. Marc R. Grosso, Chair
1349 Ayrault Road, #25
Fairport, NY 14450-8909

Name of Nominee _____ Living _____
First Middle Last Yes No

Address _____
Street City State Zip Code

Phone: Home: (____) _____ Business (____) _____

Date of Birth: ____/____/____ Date of Death: ____/____/____
MM/DD/YYYY MM/DD/YYYY

Organizations Represented	Dates or Periods
_____	_____
_____	_____
_____	_____

ACCOMPLISHMENTS OR CONTRIBUTIONS:

A. Athletes Coached:

Olympians/World Champions:

Name	Year	Event
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

U.S. Outdoor Champions (AAU/TAC/USATF):

Name	Year	Event
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

U.S. Indoor National Champion:

Name	Year	Event
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

NAIA/NCAA Champions

Name	Year	Event
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

B. Team Titles:

AAU/TAC/USATF	Year	Other National	Year	Conference	Year
1. _____	_____	1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____	4. _____	_____
5. _____	_____	5. _____	_____	5. _____	_____
Total: _____		Total: _____		Total: _____	

C. Athletic Offices Held: (Olympic, AAU/TAC/USATF, NCAA, etc.)

D. Books Published:

E. Articles Published:

F: Awards Received:

G. Other Accomplishments:

Attach additional pages as necessary.

Nominator:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: (____) _____