

NOMINATION FORM

American Indian Athletic Hall of Fame

1827 E. Saint Charles Ave.

Phoenix, AZ. 85042

www.aiahof.com

PERSONAL DATA

Name: _____

Date of Birth: _____

Date of Death: _____ {NA}

Address: _____

City: _____ State: _____

Zip code: _____

Tribe: _____

Degree of Indian Blood: _____

FAMILY DATA

Name of Father: _____

Telephone #: _____

Address: _____

City: _____ State: _____

Zip code: _____

Name of Mother: _____

Telephone #: _____

Address: _____

City: _____ State: _____

Zip code: _____

EDUCATION DATA

Name of High School: _____

Name(s) of University/College: _____

Year(s) Attended: _____

Degree: _____

Year Graduated: _____

SPORTS DATA

Sport(s) Lettered In: _____

Year(s) Lettered: _____

Sports Played (Amateur/Professional).

Please summarize athletic achievements and year. Additional information may be

furnished on plain bond paper.

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RECOGNITIONS

Honors and Awards Received: _____

Year(s): _____

OTHER DATA

Summarize professional, civic and
community organization(s) achievements
(especially in the Indian Communities)

extra pages may be used if need: _____

NOMINATED BY

Name: _____

Telephone #: _____

Address: _____

City: _____ State: _____

Zip code: _____

Date: _____

