



Colorado Swimming Hall of Fame

Official Nomination Form

Date Submitted: _____

NOMINEE'S NAME: _____

In the event of posthumous nomination, please designate a contact individual

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (W) _____

FAX: _____ EMAIL: _____

DATE OF BIRTH: _____ PLACE: _____

HIGH SCHOOL & GRADUATION YEAR: _____

COLLEGE & GRADUATION YEAR: _____



Nomination Submitted by: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (W) _____

PROFESSIONAL SUMMARY

Dates / Team / Company / Business / Title

ACCOMPLISHMENTS SUMMARY

Dates / Awards / Honors

CIVIC ACTIVITY

Dates / organizations / Committees

In addition to this form, please submit:

- TWO one-page letters of recommendation
- Relevant glossy photo

All information submitted becomes the property of the Colorado Swimming Hall of Fame. Nomination forms and letters will NOT be returned. Attach any additional information that you feel will be helpful in submitting this form, including clippings, articles and promotional material.

Submitted By: _____
