



# Texas Callers' Hall Of Fame

(sponsored by the Texas State Caller's Association)

## Official Nomination Form

**(Confidential!!** Do NOT discuss with nominee)

Please be certain your candidate meets the Hall Of Fame requirements BEFORE submitting this application. The nomination form is documentation of those requirements and your knowledge thereof; the more complete your information, the better.

*This is a confidential nomination. Please do not discuss with nominee, or with any other person or group except as absolutely needed to complete the form.*

**Nominee's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Submitted by:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Instruction Format:**

1. Furnish as much information as you can for each heading
2. Follow the format and paragraph structure shown on the attached sheets
3. Use as many sheets as required; each additional sheet (8 ½ x 11) must be signed by person making nominations.
4. All entries should be typed or printed.

**Deadline:**

Nominations must be received by the TSCA Vice-President no later than December 31<sup>st</sup> of each year to be voted on in the following year. Nominations received after that date will be held and processed a year later.

**Mailing Address:**

Send the completed and signed Official Nomination Form with attached sheets of background information (if any) to the TSCA Vice-President.

**For HOF Committee Use Only:**

Date received: \_\_\_\_\_ Nominee considered: Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks (form incomplete, etc.): \_\_\_\_\_

Recommended: Yes \_\_\_\_\_ No \_\_\_\_\_

Investigation Report:

\_\_\_\_\_

Nominee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Texas State Callers' Association activities:

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Other activities involving local, national, international associations:

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Awards or Honors received (give dates):

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Nominee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Reason(s) you feel Nominee rates consideration for this award:

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Additional information or comments which you feel may be helpful to the Hall Of Fame committee (use additional sheets as required):

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_