

**Madeira Athletic Boosters Hall of Fame
Nomination Form
*Contributor***

Nomination Information

Name _____ **Address** _____

Phone # _____ **Email** _____

If elected, I will attend _____

Person making nomination _____ **Phone #** _____

List Groups/Involvement

Please List the relevant contributions to Madeira Athletics

Connections to Madeira City Schools Athletics

Please provide any supporting documents to verify information provided, i.e. newspaper clippings, photos, stats, etc. _____
