

Madeira Athletic Boosters Hall of Fame
Nomination Form
Former Coach

Nomination Information

Name _____ **Address** _____

Phone # _____ **Email** _____

If elected, I will attend _____

Person making nomination _____ **Phone #** _____

Coaching Career

Total Years Coaching _____

List Sports Coached _____

Total Years Coaching at Madeira _____

List Sports Coached _____

Overall Coaching Record: Wins _____ **Losses** _____ **Ties** _____

Coaching Record at Madeira: Wins _____ **Losses** _____ **Ties** _____

Winning Percentage at Madeira (minimum 5 years): _____

Individual Awards

Coach of the Year Awards (List year(s) awarded

League _____ **City** _____

District _____ **Region** _____ **State** _____

Additional Coaching Awards Earned while coaching at Madeira

Please list the award, year, sponsoring organization

Team Awards

State Champion Individual/Team

Sport _____ **Event** _____ **Year** _____

Sport _____ **Event** _____ **Year** _____

Participation in a State Tournament Individual/Team

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Participation in a Regional Tournament Individual/Team

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Participation in a District Tournament Individual/Team

Qualified for Football Playoffs

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Sport _____ **Event** _____ **Finish** _____ **Year** _____

Sport _____ **Event** _____ **Finish** _____ **Year** _____

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