



MONTANA OFFICIALS' ASSOCIATION HALL OF FAME



Nomination Form

NOMINATION REQUIREMENTS:**NOMINEE MUST BE RETIRED FROM THE MOA FOR AT LEAST ONE YEAR TO BE CONSIDERED FOR INDUCTION**

- 1) Cover Letter
- 2) MOA Officials' Hall of Fame Nomination Form
- 3) Photocopies (8-1/2 x 11 sheets) of not more than six (6) of the following: newspaper clippings, magazine articles, event programs, or other such materials that detail information about the nominee's accomplishments (DO NOT SEND ORIGINALS). Please do not use notebooks with plastic sheet protectors or highlighters to point out specific facts; either underline or draw arrows to mark copy.
- 4) Letters - a minimum of two (2) and a maximum of four (4) letters of recommendation explaining why you think this individual is worthy of this honor. Please limit each letter to ONE typewritten page. Letters of recommendation for other awards or honors should not be used as a substitute for this requirement.

NOTE: All information submitted shall be retained by the MOA and all actions necessary to the selection process shall remain confidential.

PERSONAL

Name: _____
 Last Name First Middle

Address: _____
 Street City State Zip Code

Age: _____ **Date of Birth:** _____ **Place of Birth:** _____

Telephone: _____ **Deceased:** _____ / _____ **Date:** _____
 Home Work Yes No

OFFICIATING EXPERIENCE

(Post season assignment archives are available on the MOA page of the MHSAA website: www.mhsa.org)

Sports Officiated	Number of years	Number of Championships, Playoffs and/or Tournaments Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Officials' Pool(s) of which nominee was a member:

Offices Held in Officiating Organizations (List name of group, office(s) held, duties/responsibilities and dates of service:

Honors/Professional Contributions:

Additional Comments:

Nominator's Signature: _____ **Date:** _____

Address: _____ **Phone:** _____

DO NOT SEND THIS INFORMATION DIRECTLY TO THE MOA. PLEASE FORWARD THIS FORM AND ALL ENCLOSURES TO YOUR REGIONAL DIRECTOR FOR HIS/HER SIGNATURE. HE/SHE WILL FORWARD THE INFORMATION TO THE MOA OFFICE.

Regional Director Signature – Please include any comments below:
