

NEW JERSEY SOCCER ASSOCIATION
Nomination for Induction in the NJSA Hall of Fame

Date Received by NJSA _____ Category _____

Nominee's Personal Information

Name of Candidate _____

Birth Date _____ Birth Place _____

Address _____

City _____ State _____ Zip _____

Gender M F

Marital Status

(In the case of a posthumous nomination, please include date passed away, along with name of surviving spouse or other relative and contact information, if known)

Nominating NJSA Member Information

Please provide this information so the Hall of Fame Committee can contact someone if additional information is needed for a candidate.

Nominating NJSA Member Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

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Nominee's Soccer Background and NJSA Experience

Please refer to the Criteria for Nomination (attached) when completing this form. If additional space is needed, attach page(s) to this form. (Resumes may be submitted in lieu of the information below)

Nominee's Awards, Honors and Achievements

Nominee's Biographical Information

Mail this form to:

New Jersey Soccer Association

P.O. Box 9765

Trenton, NJ 08650

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