



**Division II Cross Country Hall of Fame
NOMINATION FORM**

Guidelines for nominating a candidate to the USTFCCCA D2 Cross Country Hall of Fame

1. Any current USTFCCCA member may nominate a qualified Cross Country Athlete as a candidate.
2. To nominate, a member must complete this Hall of Fame nomination form and is encouraged to submit an ample amount of supporting data, such as statistics, bios, clippings, articles or other informative materials regarding the candidate.
3. If you would like to nominate an athlete for the Hall of Fame, Class of 2009, complete the following information and return this form and any attachments.
4. Criteria:
 - a. Nominee must be a minimum of 5 years removed from their last eligible season of NCAA competition.
 - b. They shall have demonstrated good citizenship character in their lives.
 - c. They shall have demonstrated superior contributions to the sport of cross country while attending a NCAA Division II institution.
5. After receiving all the nominees, the D2 Hall of Fame Committee will vote for the Finalist.
 - d. Maximum of 4 individuals or 2 individuals and 1 team.
 - e. Team must have demonstrated something extraordinary.

Please note that the USTFCCCA will provide one night of lodging and 4 banquet tickets for the inductee and guest. The inductee (or their former institution) will be responsible for their transportation to the championship/Hall of Fame banquet site. They will need to attend the banquet if elected.

NOMINATION DEADLINE: July 13, 2009

NOMINEE:

Name While Competing: _____

Married last name: _____

Institution attended: _____ **Years competed:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Home Phone:** _____ **Work:** _____

Employer: _____ **Email Address:** _____

ATHLETIC ACHIEVEMENTS

Please list accomplishments / milestones / awards of the nominee: (use additional paper, attach clippings or other information if needed)

ADDITIONAL COMMENTS MAY BE POSTED ON THE BACK OF THIS FORM

NOMINATOR

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

Office Phone: _____

Email: _____

Relationship to Nominee (if any) _____

Signature of Nominator: _____

RETURN THIS FORM TO:

By Mail: Steve Guymon
Harding University
12281 GAC
Searcy, AR 72143

By Fax: (501) 279-4138

Due Date: July 13, 2009

