Guidelines for nominating a candidate for DII Athlete Hall of Fame

1. Any current USTFCCCA member may nominate a qualified Cross Country and/or Track & Field athlete as a candidate.
2. In order to nominate, a member must complete this Hall of Fame nomination form and is encouraged to submit an ample amount of supporting data. Examples include statistics, bios, articles, clippings or other informative materials regarding the candidate.
3. If you would like to nominate an athlete for the Hall of Fame, Class of 2018, please complete the following information and return this form and any attachments.
4. Criteria:
   a. Nominee must be a minimum of five (5) years removed from his or her last eligible season of NCAA competition.
   b. He or she must have demonstrated good citizenship character in his or her life.
   c. He or she should have demonstrated superior contributions to the sport of cross country and/or track & field while attending an NCAA Division II institution.

PLEASE NOTE: There is no longer an induction ceremony at the Division II Athletic Banquet. The National Office will mail the inductees his or her plaque directly.

NOMINATION DEADLINE: December 5, 2017

ABOUT THE NOMINEE:

Name while competing:________________________________________________________

Married last name (if applicable):_____________________________________________

Institution attended:__________________________________________________________ Years competed:_______

Mailing Address:____________________________________________________________________

City:________________________________ State:_______ Zip:____________

Primary Phone:______________________ Alternate Phone:_____________________

Email Address:______________________________________________________________

Employer:_______________________________________________________________
ATHLETIC ACHIEVEMENTS:

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

ADDITIONAL COMMENTS MAY BE POSTED ON THE BACK OF THIS FORM

NOMINATOR

Name:__________________________________________________________

Institution:________________________________________________________________________

Address:______________________________________________________________________________

City:_________________________ State: _______ Zip:_______

Primary Phone:_________________________ Alternate Phone:__________________________

Email:_______________________________________________________________________________

Relationship to nominee (if any): __________________________________________________________

Signature of Nominator:________________________________________________________________

RETURN THIS FORM TO:

By Mail: Kevin LaSure
Academy of Art University
79 New Montgomery Street
San Francisco, CA 94105

By Email: KLaSure@academyart.edu

Due Date: December 5, 2017