

UNIVERSITY OF NEW ENGLAND
ATHLETIC HALL OF FAME
NOMINATION FORM

Your Name: _____ Date: _____

Nominee Name: _____

Current Position of Nominee: _____

Home Address of Nominee: _____

Phone: Home: _____ Work: _____ E-mail address: _____

Is the Nominee Living/Deceased? (Circle one)

Category (check one)

Student-Athlete

Friend/Special Contributor

Group/Team

Coach/Administrator

Other Considerations

Sport(s) nominee played/coached/administered/supported (if applicable) and the number of years involved with the program(s). (Please specify the years the nominee was affiliated with the school):

Special contributions/accomplishments, while involved with the athletic program, during his/her years at the University: _____

Special contributions/accomplishments since graduation or employment: _____

Reasons for nomination: (please include summary of why you feel this person(s) should be considered for the University of New England Hall of Fame. Attach additional statement if necessary.)

Other person(s) to contact for more information about the nominee. Include contact information:

Name: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Name: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Please send completed form to: Scott Marchildon, Assistant Vice President for Planned Giving and Alumni Advancement, 716 Stevens Ave., Portland, ME 04103.