

MINNESOTA BASKETBALL COACHES ASSOCIATION

HALL OF FAME NOMINATION FORM



Return to: Jim Galvin
4702 Wood Avenue
White Bear Lake, MN 55110
Submit by March 1, 2010

Nominee's Name: _____

Nominee's Address: _____

Nominee's Phone: _____

Nomination Placed By: _____

Address: _____

Phone: _____

PERSONAL HISTORY

Home Town: _____ College Attended: _____

COACHING HISTORY

<u>School</u>	<u>Sports</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Conference Championships (School/Years): _____

Section & State Championships (School/Years): _____

Coaching Awards, Honors, and Highlights: _____

Coaches' Association Involvement: _____

Career Record: _____

ORGANIZATIONS AND HONORS

PLEASE LIST ANY OTHER HIGHLIGHTS AND EXPERIENCES WHICH MAY BE RELEVANT TO THE SELECTION PROCESS:

REFERENCES: List three (3) people who will submit Letters of Recommendation

1. Name: _____
Address: _____
Phone: _____
Relationship: _____

2. Name: _____
Address: _____
Phone: _____
Relationship: _____

3. Name: _____
Address: _____
Phone: _____
Relationship: _____

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