

COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION

Nomination Screening Form

CHSAA HALL OF FAME

NOMINEE INFORMATION

38

DEADLINE: AUGUST 15

Date Submitted: _____

PLEASE TYPE

Name: _____
 First Nickname Middle LAST

Current Address: _____
 Street City State Zip

Phone Number with Area Code: _____

School Affiliation (if applicable): _____

Date of Birth: _____ Death: _____

Place of Birth: _____
 City State

Check Appropriate Categories:

Student Participant
(Athletic\Non-Athletic)

Coach\Sponsor

Administrator

Official\Judge

Significant Service

Male Female

Active Retired

Note: Categories are for the purpose of assisting the selection committee. Once inducted, Hall of Fame members are not categorized.

Check CHSAA Activities in which nominee was involved:

- | | |
|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Girls Skiing |
| <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Boys Soccer |
| <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Girls Soccer |
| <input type="checkbox"/> Boys Cross Country | <input type="checkbox"/> Girls Softball |
| <input type="checkbox"/> Girls Cross Country | <input type="checkbox"/> Speech/Debate |
| <input type="checkbox"/> Football | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Boys Golf | <input type="checkbox"/> Boys Swimming |
| <input type="checkbox"/> Girls Golf | <input type="checkbox"/> Girls Swimming |
| <input type="checkbox"/> Boys Gymnastics | <input type="checkbox"/> Boys Tennis |
| <input type="checkbox"/> Girls Gymnastics | <input type="checkbox"/> Girls Tennis |
| <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Boys Track & Field |
| <input type="checkbox"/> Music | <input type="checkbox"/> Girls Track & Field |
| <input type="checkbox"/> Boys Skiing | <input type="checkbox"/> Girls Volleyball |
| | <input type="checkbox"/> Boys Wrestling |

Individual Submitting Nomination Information:

Name: _____ Phone/area code: _____

Street Address: _____

City, State, Zip _____

E-Mail : _____

Signature: _____ Date Submitted: _____

Name (s) of a person who can provide additional pertinent information if the screening committee moves forward:

Name: _____ Phone/area code: _____

Name: _____ Phone/area code: _____

General Criteria

1. The nominee must have been involved with a CHSAA-sanctioned activity in a Colorado high School for the specified number of years in the category for which he or she is nominated.
2. The nominee must have demonstrated outstanding abilities and contributions in the category for which nominated.
3. The nominee must have demonstrated high moral character, outstanding citizenship and the ideals embodied in the CHSAA Code of Ethics.

I. Chronology of Activities Involvement

(For complete background information, list all high school involvement in activities, related to the category. Use an additional page if necessary.)

Example for Coach:

| | | | | | |
|------------|----------|--------------|---------|---------|------------|
| Basketball | JV Coach | Central H.S. | 1956-57 | 1960-61 | 4 |
| Activity | Status | School | Began | Ended | Total Yrs. |

| | | | | | |
|----------|--------|--------|-------|-------|------------|
| Activity | Status | School | Began | Ended | Total Yrs. |
|----------|--------|--------|-------|-------|------------|

| | | | | | |
|----------|--------|--------|-------|-------|------------|
| Activity | Status | School | Began | Ended | Total Yrs. |
|----------|--------|--------|-------|-------|------------|

II. Briefly List Achievements/Contributions to Activities/Impact on CHSAA

(List objective, statistical records in activity, contributions as a leader, speaker, writer, innovator or elected/appointed officer or committee member made by the nominee which had an impact beyond the local level, stressing those on the state level.)

III. Honors/Professional Affiliations/Related Activities

(Local, state, national honors and involvement in local/state/national associations. Is the nominee still active in any area of activities other than the category for which nominated? If yes, supply details. Still Active: Yes No

Please also include up to two letters of recommendation.
NOTE: Successful nominations include extensive background information.

CHSAA HALL OF FAME COMMITTEE
c/o Bert Borgmann, Assistant Commissioner
14855 East Second Avenue
Aurora, CO 80011
Telephone: (303) 344-5050, FAX (303) 344-0775