

Hall of Fame Nomination Form

Nominee's name _____

address _____

telephone _____

e-mail _____

Which of the following criteria does the nominee meet (please circle)?

1. Must be coaching high school volleyball for a minimum of 15 years (**50% or more in Massachusetts**).
2. A coach who is retired with a minimum of 10 years head coaching experience in Massachusetts.
3. The nominee has made a significant impact on the development of hs volleyball in its early years.
4. Three hundred wins have been recorded (**girls' volleyball only**).
5. Nominee was an MGVCA member while coaching.
6. The nominee has made contributions to volleyball outside the regular season.

The nominee will be contacted to get (2) references. References will then be contacted for letters of recommendation.

Please give a brief letter of recommendation for the nominee in the space provided (and on back).

Signature _____

Date _____

address _____

telephone _____

e-mail _____