



**UNITED STATES QUAD RUGBY ASSOCIATION
HALL OF FAME NOMINATION FORM**

Nominee's Name: _____ **Date:** _____

Address: _____

City: _____ **State** _____ **Zip** _____

Age: _____ **Phone:** _____

Disability: _____ **Occupation:** _____

PERSONAL INFORMATION OF NOMINEE; (Education, Service Record, Marital Status, Etc.)

SPORTS PARTICIPATION AWARDS;

Regional: _____

National: _____

International: _____

(Where additional sheets required please state "see attached")

Name of person submitting nomination: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Team Affiliation: _____

Your Signature: _____ **Date** _____