



FLORIDA NOMINATION

For: Lifetime Service to Wrestling
 Medal of Courage
 Outstanding American

Name of Candidate: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ D.O.B. ____ / ____ / ____ Place: _____

If deceased, Yr.O.D: _____ Phone: (____)-_____-_____ (____)-_____-_____

Spouse Name: _____ Children Names: _____

Current Profession: _____ Company / School: _____

Year of Retirement: _____

SUMMARY OF BACKGROUND

College _____ Graduation Yr: _____

Degree(s) Completed: _____

College Wrestling Experience (list honors / accomplishments): _____

Lifetime Service to Wrestling, Career

List Coaching / Officiating and or Contributions to Wrestling. Please include title and years of service (chronologically, include dates from present to past): _____

Lifetime Service to Wrestling Honors / Accomplishments

Coaches Include titles, W-L, Records and Outstanding Athletes (include dates): _____

Outstanding American Nomination

Wrestling Experience Summary (chronological, include dates, honors): _____

How has the wrestling discipline been applied to a profession?

Medal of Courage Nomination

Wrestling Experience (chronological include dates and honors):

Personal Challenges Overcome:

All Nominations

List Current Wrestling and Public Service Associations: _____

All Nominations: Additional Information (body of work not requested above):

Does Nominee have a felony conviction? Y / N

Y / N

This form must include:

- A cover letter written and signed by the nominator
- 2 letters of recommendation
- A photo (headshot)

(Print Your Name)

(Date)

(Mailing Address)

(Mailing Address)

Phone : (_____) _____ - _____

Please Email all Paperwork in a *Word* Format to Robert Burns: hofwrestle07@yahoo.com