



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: _____

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