

NEW JERSEY SOCCER ASSOCIATION
Nomination for Induction in the NJSA Hall of Fame

Date Received by NJSA _____ Category

Nominee's Personal Information

Name of Candidate

Birth Date _____ Birth Place

Address

City _____ State _____ Zip

Gender M F

Marital Status

(In the case of a posthumous nomination, please include date passed away, along with name of surviving spouse or other relative and contact information, if known)

Nominating NJSA Member Information

Please provide this information so the Hall of Fame Committee can contact someone if additional information is needed for a candidate.

Nominating NJSA Member Name

Contact Name

Address

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

Telephone _____ **E-mail**

NEW JERSEY SOCCER ASSOCIATION
Nomination for Induction in the NJSA Hall of Fame

Nominee's Awards, Honors and Achievements

Nominee's Biographical Information

Mail this form to:

**New Jersey Soccer Association
P.O. Box 9765
Trenton, NJ 08650**