



**MONTANA OFFICIALS' ASSOCIATION  
HALL OF FAME  
Nomination Form**



**NOMINATION REQUIREMENTS:**

**NOMINEE MUST BE RETIRED FROM THE MOA FOR AT LEAST ONE YEAR TO BE CONSIDERED FOR INDUCTION**

- 1) Cover Letter
- 2) MOA Officials' Hall of Fame Nomination Form
- 3) Photocopies (8-1/2 x 11 sheets) of not more than six (6) of the following: newspaper clippings, magazine articles, event programs, or other such materials that detail information about the nominee's accomplishments (DO NOT SEND ORIGINALS). Please do not use notebooks with plastic sheet protectors or highlighters to point out specific facts; either underline or draw arrows to mark copy.
- 4) Letters - a minimum of two (2) and a maximum of four (4) letters of recommendation explaining why you think this individual is worthy of this honor. Please limit each letter to ONE typewritten page. Letters of recommendation for other awards or honors should not be used as a substitute for this requirement.

NOTE: All information submitted shall be retained by the MOA and all actions necessary to the selection process shall remain confidential

**PERSONAL**

NAME						
ADDRESS						
	Street		City		State	Zip Code
AGE	DATE OF BIRTH		PLACE OF BIRTH			
TELEPHONE			DECEASED	<input type="checkbox"/>	<input type="checkbox"/>	DATE
	Home	Work		Yes	No	

**OFFICIATING EXPERIENCE**

(Post season assignment archives are available on the MOA page of the MHSAA website: [www.mhsaa.org](http://www.mhsaa.org))

Sports Officiated	Number of Years	Number of Championships, Playoffs and/or Tournaments Worked
Choose a Sport		
Choose a Sport		
Choose a Sport		
Choose a Sport		
Choose a Sport		

List all officials' pools of which nominee was a member:


List all offices in officiating organizations (List name of group, office(s) held, duties/responsibilities and dates of service:

List all honors / professional contributions:

Additional comments:

NOMINATOR'S SIGNATURE		DATE	
ADDRESS		PHONE	

***DO NOT SEND THIS INFORMATION DIRECTLY TO THE MOA. PLEASE FORWARD THIS FORM AND ALL ENCLOSURES TO YOUR REGIONAL DIRECTOR FOR HIS/HER SIGNATURE. HE/SHE WILL FORWARD THE INFORMATION TO THE MOA OFFICE.***

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Regional Director Signature – Please include any comments below: