



Name of Person being Nominated: _____

Awards for consideration: _____ Lifetime Achievement
_____ Outstanding Achievement
_____ Merit Award

Please check our HOF
Procedures for each
award's criteria

What role best describes the Nominee in regards to Nebraska youth soccer:

___ Administrator ___ Coach ___ Player ___ Volunteer ___ Other: _____

Contact for Nominee (or immediate family member if nomination is being made posthumously):

Address: _____

City, State, Zip: _____

Phone Number: _____ Other Phone (optional) _____

Email: _____

Date of Birth _____ Club, State or National Affiliation: _____

Recommendation is being submitted by:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Other Phone (optional) _____

Email: _____

Signature: _____

Along with this form, please include a detailed biography of the individual's activities, contributions and reason for nomination as it pertains to Nebraska State Soccer programs. You may also include related articles, photographs and letters of recommendation for other parties. No phone calls please.

Submit to:

Nebraska State Soccer c/o Hall Of Fame
4151 S 84th Street, Suite B
Omaha, NE 681247