



NEW ENGLAND ATHLETIC ASSOCIATION FOR THE DEAF HALL OF FAME NOMINATIONS

NOMINEE FULL NAME: _____

NOMINEE CONTACT INFORMATION:

EMAIL _____

TEXT # _____

VP # _____

ADDRESS _____

(PLEASE FILL OUT AT LEAST ONE INFORMATION, TO ALLOW US TO CONTACT THE NOMINEE IF SELECTED)

PLEASE INDICATE(S) THE CATEGORY FOR NOMINEE TO BE RECOGNIZE IN:

MEN WOMEN MEN WOMEN COACH LEADER OTHER
BASKETBALL BASKETBALL SOFTBALL SOFTBALL

WHY THIS PERSON SHOULD BE CONSIDERED FOR NEAAD HALL OF FAME:

(INCLUDE DETAILS IF APPLICABLE, YEARS, TEAM, ACCOMPLISHMENTS, ETC)

IF YOU NEED MORE SPACE, YOU CAN USE ADDITIONAL PAPER.

NOMINED BY: _____

EMAIL _____

TEXT # _____

VP # _____

WE MAY CONTACT YOU FOR ADDITIONAL INFORMATION REGARDING ABOUT THIS NOMINEE.

SUBMIT YOUR FORM TO NEAAD SPORTS INFORMATION, ISAAC SCHAEFFER
schaeffer.isaac@gmail.com

PREFER TO MAIL;
CONTACT ISAAC FOR
HIS MAIL ADDRESS