Upstate New York Chapter of National Wrestling Hall-of Fame Volunteer Nomination Form

Contact Information

Name (printed)	
Street Address	
City, State ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Organizations

List any wrestling association and/or public service organizations you currently support.

Volunteer Experiences

Summarize your volunteer experiences.

Background History

Has the nominee ever been convicted of a Felony? *(Please circle one)* **Yes** **No**

Signature

Person making the nomination and his/her contact information.

Name (printed)	
Signature	
Street Address	
City, State ZIP Code	
Telephone Number	
Date	

By December 1st, the following items must accompany this nomination:

- **A cover letter over your signature telling why the nominee is a valid candidate**
- **A minimum of two letters of character reference and support of the nomination**