

**Missouri 8-Man Coaches/Players
Hall Of Fame
Nomination Form**

Nominee Name: _____ Address _____
City _____ State: _____ Zip: _____
Telephone: (Home) _____ (Work) _____
Email _____

School Affiliation: _____

Employment: (If a Coach) –Schools, Dates, Duties and win/loss record (as a Head Coach only)

(If a Player) – School, Dates

Honors (Team honors, Coaching honors, Individual achievements, Playoffs, Conference, District, State, etc...)

Please provide the hall of fame committee any statement or information about the candidate that would be helpful to the HOF committee.

Sponsor Information:

Name: _____ Address _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

Email: _____

Title/Position/relationship to nominee: _____

If candidate is deceased please list: Date of Death: _____

Name /Address/Phone # of nearest living relative: _____

Please Mail or Fax to:

Kirk Thacker

MO8MFCFA Hall of Fame Committee

500 NE 1st Street

Hardin, Mo. 64035

Fax: 660-398-4396
