

OFFICIAL NOMINATION FORM  
NEW MEXICO SQUARE AND ROUND DANCE ASSOCIATION  
HALL OF FAME AWARDS  
(CONFIDENTIAL -DO NOT DISCUSS WITH NOMINEE)

This is a confidential nomination. Do not discuss with Nominee or with any other person or group except as absolutely needed to complete the form.

NOMINEE'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ZIP: \_\_\_\_\_

SUBMITTED BY:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ZIP: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

INSTRUCTIONS

1. Furnish as much information as you can for each heading.
2. Follow the format and paragraph structure shown on the attached sheets.
3. Use as many sheets as required: each additional sheet (8 x 11 desirable) must be signed by person making nomination.
4. All entries should be typed or printed.

DEADLINE

Nominations must be received by the President or Chairperson, Hall of Fame Committee prior to the last Calendar Day of the year to be considered. Nominations received after that date will be considered for the following years award.

MAILING ADDRESS

Send the completed and signed Official Nomination Form with attached sheets of background information (if any) to the President or Current Chairman, Hall of Fame.

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(Internal use)

Date: \_\_\_\_\_

Nominee Considered: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Remarks: (Form incomplete, etc.): \_\_\_\_\_

Selected: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Investigation Report: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Chairman

NOMINEE'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ Page 2

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Began Square Dancing (Year):  
(Must have been dancing at least five (5) years).

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Reason(s) you feel Nominee rates consideration for this Award:

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Offices held in Clubs (Give Club, Office, years held):

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Other special activities in Square and Round Dance Clubs:

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Signed:

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NOMINEE'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ Page 3

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New Mexico Square and Round Dance Association activities:

\_\_\_\_\_  
Other activities involving Square and Round Dancing (i.e., State Association, National Association, Callers Association):

\_\_\_\_\_  
Awards or Honors received (give dates):

\_\_\_\_\_  
Signed:

\_\_\_\_\_

NOMINEE'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ Page 4

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Community, State, National activities of special interest (not necessarily connected with Square Dancing)(Optional):

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Additional information or comments which you feel may be helpful to the Hall Of Committee (use additional sheets as required):

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Signed:

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