

NJCAA Basketball Coaches Association HALL OF FAME NOMINATION

Candidate's Full Name: _____

Current Address: _____

City/State/Zip: _____

Phone () _____ Work () _____ Cell: _____

Nominees Involvement (circle one): Coach, Player, Contributor,
Team: _____

Personal History (high school, college, family, etc.)

NJCAA School Affiliated with (i.e. employee, player), With Dates:

Total Years NJCAA Service: _____ Total Years Basketball Service: _____

NJCAA Coaching Record: _____ **Other Coaching Record:** _____

Special Honors/Awards Received and Year: _____

Service Performed for NJCAA and Year:

Services Performed for Basketball Other Than NJCAA:

Ring Size: _____ * (Please send headshot images to njcaambbcoaches@gmail.com)*

Name of Person Making
Nomination: _____
Address: _____
City/State/Zip: _____
Phone: _____

YOUR NOMINATION MUST BE SUBMITTED BY OCTOBER 1ST, AND SENT DIRECTLY TO:

NJCAA1631 Mesa Avenue, Suite B Colorado Springs, CO 80906