

## Indiana Basketball Hall of Fame Indiana Pacers & Indiana Fever Silver Medal Award Nomination Form

## PLEASE TYPE OR PRINT

1. Candidate's name					
	(Last Name)	(First)		(M.I.)	(Nickname)
2. Cell Phone	Wo	ork Phone	Ho	me Phone	
	E-mail				
3. Address					
	(Street)	(City)		(State)	(Zip)
4. Birth					
	(Date)	(Place)			(Date of Death)
5. High School					
(Ye	ear of Graduation)	(Name)		(City	y & State)
6. High school activit	ies and achievements				
7. Colleges attended					
J	(Year)	(Degree)	(Field or Major)	(Co	llege)
	(Year)	(Degree)	(Field or Major)	(Co	llege)
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Summarize college a	activities and achievemen	ts:			
8. Employment/Present Position		Firm:		Addre	ss
9. List activities and	achievements:				
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10. Marital Status (N	ame of Spouse)		Maider	n Name	
11 Home Town				Sta	ate

12. Children (list names & year of birth for each)	
13. Employment since graduation (list years)	
14. List the most meaningful award you have ever received:	
15. Your thoughts about the Indiana Basketball Hall of Fame:	

Return to:

Indiana Basketball Hall of Fame Nominations Committee One Hall of Fame Court New Castle IN 47362