

SILVER ANNIVERSARY TEAM DATE: \_\_\_\_\_ (25 *after* high school graduation)

# INDIANA BASKETBALL HALL OF FAME BOYS' SILVER ANNIVERSARY TEAM NOMINATION FORM

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1. NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. PHONE (HOME/WORK) \_\_\_\_\_

4. E-MAIL \_\_\_\_\_

5. DATE OF BIRTH/PLACE \_\_\_\_\_

6. HIGH SCHOOL/CITY \_\_\_\_\_

7. GRADUATION DATE/BASKETBALL RECORD IN HIGH SCHOOL \_\_\_\_\_

8. HIGH SCHOOL COACH \_\_\_\_\_

9. ADDRESS \_\_\_\_\_

10. OTHER BASKETBALL ACHIEVEMENTS \_\_\_\_\_

11. PRESENT OCCUPATION \_\_\_\_\_

12. FIRM AND ADDRESS \_\_\_\_\_

13. ADDITIONAL INFORMATION \_\_\_\_\_

\_\_\_\_\_  
(PLEASE USE OTHER SIDE IF NEEDED)

SIGNATURE OF INDIVIDUAL MAKING NOMINATION \_\_\_\_\_

**NOTE:** PLEASE INCLUDE A HEAD AND SHOULDERS PICTURE AND ONE ACTION PHOTO.

Return to:

Indiana Basketball Hall of Fame  
One Hall of Fame Court  
New Castle, IN 47362