

INDIANA BASKETBALL HALL OF FAME



GIRLS' SILVER ANNIVERSARY TEAM NOMINATION FORM

HIGH SCHOOL GRADUATION YEAR _____

PLEASE TYPE OR PRINT

1A. Candidate's Name (WHEN H.S. PLAYER) _____
(Last Name) (First) (Middle) (Nickname)

1B. Candidate's Name (CURRENTLY) _____
(Last Name) (First) (Middle)

2. Cell Phone _____ Work Phone _____ Home Phone _____
E-Mail _____

3. Address _____
(Street) (City) (State) (Zip)

4. Birth _____
(Date) (Place)

5. High School _____
(Year of Graduation) (Name) (City & State)

6. High School Athletic Record (Please list team regular season and post-season record, by year; list individual scoring, rebounding, assist averages when available; summarize records and awards.)

Individual High School stats

Year Games FG-FGA (%) 3FG-3FGA (%) FT-FTA (%) Rebounds Assists Steals Blocks Points PPG

Career Games FG-FGA (%) 3FG-3FGA (%) FT-FTA (%) Rebounds Assists Steals Blocks Points PPG

Team records and post-season success

Year Overall Record Championships won (holiday, county, conference, state tournament, etc.)

Please list other school records, individual awards, honors, accomplishments, etc.

add lines _____

7. High School Coach: Name _____

(If known)

Address _____ email address _____ Phone _____

8. Colleges Attended: 1st _____

(Year) (Degree) (Field) (College)

2nd _____

(Year) (Degree) (Field) (College)

3rd _____

(Year) (Degree) (Field) (College)

: If additional space is needed, please use plain sheet of white paper, 8½ × 11 inches, write on one side only, preferably typewritten.)

9. College Athletic Record (Please list team regular season and post-season record, by year; list individual scoring, rebounding, assist averages when available; summarize records and awards.)

Individual College stats

Year	Games	FG-FGA (%)	3FG-3FGA (%)	FT-FTA (%)	Rebounds	Assists	Steals	Blocks	Points	PPG
------	-------	------------	--------------	------------	----------	---------	--------	--------	--------	-----

Career Games	FG-FGA (%)	3FG-3FGA (%)	FT-FTA (%)	Rebounds	Assists	Steals	Blocks	Points	PPG
--------------	------------	--------------	------------	----------	---------	--------	--------	--------	-----

Team records and post-season success

Year	Overall Record	Championships won (holiday, county, conference, state tournament, etc.)
------	----------------	---

Please list other school records, individual awards, honors, accomplishments, etc.

Add lines

11. College Basketball Coach: Name(or names) _____

(If Known, Coach 1)

Address _____ email address _____ Phone _____

(If Known, Coach 2)

Address _____ email address _____ Phone _____

12. Basketball Achievements (since graduation from college, professional playing stats, records, awards and accomplishments; if you became a high school, college or pro basketball coach, head or assistant, please list the schools or teams you have coached and the years for each position)

If additional space is needed, please use plain sheet of white paper, 8.5 × 11.0 inches, write on one side only, preferably typewritten.)

13. High School and College Extra-Curricular Activities: _____

If additional space is needed, please use plain sheet of white paper, 8.5 × 11.0 inches, write on one side only, preferably typewritten.)

14. Height and Weight in playing days _____ Lbs. _____ Ft. _____ In.

15. Employment since graduation (list years in each position; if a teacher/coach, list teaching here and coaching info in Question 12)

16. Present Position: _____

Firm _____

Address _____

17. Marital Status (Circle one) YES NO (Name of Spouse) _____

18. Children (List Names and Year of Birth) _____

19. Hobbies _____

20. Additional Information or Comments _____

IMPORTANT

PLEASE ENCLOSE A CURRENT PHOTO OF CANDIDATE, AND AT LEAST ONE CANDID OR ACTION PHOTO OF CANDIDATE FROM PLAYING OR COACHING DAYS

(This page to be completed by High School, College, Organization, or Individual Submitting Application)

PLEASE TYPE OR PRINT

1. Individual or Organization _____

2. Address _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

3. Present Occupation _____

4. Athletic Affiliation _____

5. Supplemental Documentation: Copies of any supporting materials are welcome to accompany this nomination form.

(Signature of individual making nomination)

(Date)

(If additional space is needed, please use plain sheet of white paper, 8.5 x 11.0 inches, write on one side only, preferably typewritten.)

Indiana Basketball Hall of Fame

Phone (765) 529-1891

Fax (765) 529-0273

Email: info@hoopshall.com

Return to:

Indiana Basketball Hall of Fame

One Hall of Fame Court

New Castle, IN 47362