

North Carolina Volleyball Hall of Fame

Nomination Form

Note: All nominations received shall remain active and available for annual consideration for each of five (5) successive years unless sooner elected to the Hall of Fame.

NOMINEE'S INFORMATION:

Please fill out as much information as possible

First Name: _____ Last Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Living

Deceased

Hall of Fame Category (Individuals):

Founder/Administrator Coaches Players Officials Outdoor/Beach

Team Nomination: _____

NOMINATOR'S INFORMATION:

Name: _____

Current Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

In addition, please provide information (including specific dates) on a separate form about the nominee's volleyball accomplishments in the categories nominated.

Submit to: Carolina Region, PO Box 1757, Clemmons NC 27012 or 336.766.3501 or office@carolinaregionvb.org