Mount Airy Hall of Fame Nomination Form

Nominee's Name: Address (if living): ____________________________________________

Telephone Number: __________________________________________________________

Name of nearest relative (if nominee is deceased): ________________________________

Address: ___________________________________________________________________

Telephone Number: __________________________________________________________

Nominee's Date of Birth (if known): ___________________________________________

Nominee's Date of Death (if applicable and known): _______________________________

Contribution to Town: (Please explain why you believe this person is deserving of consideration.)

Submitter's Name/Organization: ________________________________________________

Contact Address: __________________________________________________________________

Telephone Number: __________________________________________________________