



COLORADO AVIATION HALL OF FAME

NOMINATION FORM

PRINCIPAL SPONSOR INFORMATION

(To be completed by the Principal Sponsor of the Nominee, typed or plainly printed.)

A. What is the name of the Nominee, exactly as it should appear in the Hall of Fame?

B. What is the Nominee's residence mailing address? (For an organization, who is the point of contact (POC). What is his/her title, and what is the organization's address.)

C. What are the Nominee's phone numbers (For an organization, the POC's work number only):

Home: _____ Cell: _____ Work: _____

Email: _____

D. What is the Nominee's date of birth? (For an organization, the date of establishment.)

E. Where was the Nominee born? (For an Organization, the date established.)

F. What years did the Nominee live in Colorado (For an organization, the years operating in Colorado.):

From: _____ To: _____

G. The Principal Sponsor making this Nomination is:

Signature of Principal Sponsor: _____ Date: _____

Printed Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

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CO-SPONSOR INFORMATION

(If there is/are Co-Sponsors for the Nomination, complete the following blanks.)

Co-Sponsor 1:

H. Signature of Co-Sponsor: _____ Date: _____

Printed Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Co-Sponsor 2:

I. Signature of Co-Sponsor: _____ Date: _____

Printed Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

J. An administrative processing fee of \$40.00 is charged by the Society. A non-refundable check or money order made payable to the Colorado Aviation Historical Society must be submitted with this Nomination

K. The Colorado Aviation Historical Society, President, Vice President, or Secretary must receive this Nomination on or before August 1.

L. Two (2) copies of the Nomination Book must be submitted along with this nomination. (1 original and 1 color copy)

(To be completed by the CAHS-HOF Receiving Officer.)

M. The CAHS Officer who received this Nomination and associated \$40.00 fee is:

Name: _____ CAHS Title: _____

Signature: _____ Date Received: _____

(Revised 09June 2010 MM)