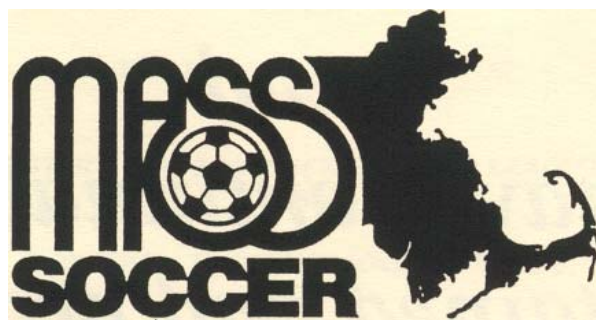


Statement of Mission

**To recognize and honor those
individuals and organizations
who have performed admirably
and have continually
maintained and promoted
the growth of soccer**

Massachusetts Hall of Fame



NOMINATION FOR MASSACHUSETTS STATE SOCCER HALL OF FAME

The MSSHF has been in existence since 1997 and wants to thank everyone participating in the nomination process.

The nomination for induction is extremely important. Please read the following carefully to comply with the selection guidelines.

NOMINATIONS:

Any Massachusetts State Soccer affiliate may nominate any individual and/or entity, living or deceased, to be considered for induction into the Massachusetts State Soccer Hall of Fame. Individuals or entities may be nominated including but not limited to for the following categories: competition (player and/or team), administration, managing/coaching, media, and officiating (including instructing and assessing). Nominations should focus on accomplishments.

ELIGIBILITY:

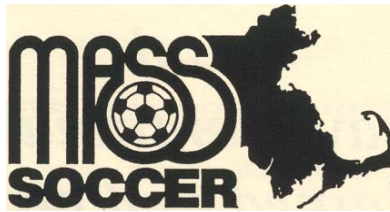
Individuals and/or entities nominated for selection to the Massachusetts State Soccer Hall of Fame must have had a significant influence in Massachusetts for at least 20 years and must have made an outstanding contribution to soccer in the state, the USA, or the world exhibiting integrity, sporting conduct, and character.

SELECTION:

All nominees go through a screening process. Decisions are made by the MSSHF Committee and the Massachusetts Adult State Soccer Executive Directors.

For nominations to be considered, the nomination form must be filled completely and accurately. Nominations must be typed or printed legibly on the nomination form and returned to the MSSHF not later than *November 1 of each year*. Nomination forms can be downloaded from the www.mass-soccer.org web site and reproduced (font size no smaller than 10 pt). Attachments can be letters of support, articles, and documents related to the nominee's achievements and contributions.

All nominations forms will remain on file with the MSSHF for a period of 5 years. If a nominee has not been selected for induction during this time frame, the individual and/or entity may be re-nominated.



MASSACHUSETTS STATE SOCCER HALL OF FAME

NOMINEE'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH (if applicable): _____

CATEGORIES: (Please check the one category for which you are nominating the candidate):

Competition Coaching/Managing Officiating Administration Media Other

Nominated By:

(Print): _____

(Sign): _____

DATE: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

The Nomination Form is not complete unless the nominator fills out all of the information above and the following narratives:

- A. Accomplishments: (Summarize pertinent statistics in paragraph form or bullet format)
- B. Achievements, Awards, etc. : (in relation to nominee's integrity, sporting conduct, and character)
- C. Supporting Documentation: (Letters of recommendation, articles, statistics, etc.)

Mail completed nomination to:

MASS HALL OF FAME, 202 Common Street, Watertown, MA 02472-3434

EMAIL: pasquale.puleo@comcast.net

ACCOMPLISHMENTS: (MAY BE SENT AS AN ELECTRONIC EMAIL ATTACHMENT)

ACHIEVEMENTS, AWARDS, ETC.: (MAY BE SENT AS AN ELECTRONIC RMAIL ATTACHMENT)

SUPPORTING DOCUMENTATION: (MAY BE SENT AS AN ELECTRONIC EMAIL ATTACHMENT)