

HALL OF FAME NOMINATION FORM

Nominee's Name:	
(Individual or Couple)	
Partner's Name:	
Address:	
-	
Telephone:	
	area code number
Email Address:	
Is Nominee primarily:	a square dancer a round dancer
	a square dance caller a round dance cuer
- -	other
Number of years in Sq	uare Dance Activity: Beginning in what year?
Profile Information:	What outstanding service(s) has the Nominee performed for New
	orting the Goals of the Square Dance Foundation of New England,
	rvation, Perpetuation. Please be specific, use dates when service
was done. Include inf	ormation on 8 $\frac{1}{2}$ x 11" paper, and attach it to this sheet.
SDENE Mombor Nom	inotor
Address:	inator:
riddi Coo.	
Telephone:	
T	area code number
Email Address:	
Nominations must be	received by February 15 th of the current year.

Please mail forms to:

SDFNE Office

Attn: Hall of Fame Chairman

238 Woburn Street

Reading, MA 01867-2838