



Square Dance Foundation of New England, Inc.

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 Square Dance Activity: _____ Beginning in what year? _____

Profile Information: What outstanding service(s) has the Nominee performed for New England directly supporting the Goals of the Square Dance Foundation of New England, Inc.: Promotion, Preservation, Perpetuation. Please be specific, use dates when service was done. **Include information on 8 ½ x 11" paper, and attach it to this sheet.**

SDFNE Member Nominator: _____
Address: _____

Telephone: _____
area code number

Email Address: _____

Nominations must be received by February 15th of the current year.

Please mail forms to:

SDFNE Office

Attn: Hall of Fame Chairman

P O BOX 54

WEST DANVILLE, VT. 05873-0054