

PSCA NOMINATION FORM FOR HALL OF FAME AWARD

Mail to:
Randy Rich
303 Fourth Street
Box 48
Summerdale, PA 17093
Home: 717-732-0225 School: 717-258-6484
E-mail: rsr@mail.bubblers.k12.pa.us

Your Name: _____ Position: _____

Work Address: _____

Work Phone Number: _____

Home Address: _____

Home Phone Number: _____

Name of Nominee: _____

Address of Nominee: _____

Profession: _____

Where Employed: _____

How long have you known the nominee and in what capacity? BE VERY CLEAR THAT
NOMINEE MEETS THE HALL OF FAME AWARD CRITERIA.

Please use the back of this form to give a statement setting forth the personal contributions, honors received, soccer achievements, etc. that he/she has accomplished in their career. Please be detailed.

