

NOMINATION FORM

SDAW Hall of Fame or Special Recognition

Name of Nominee:	
Address:	
City:	St: Zip:
Date of Birth:	Place of Birth:
Date Started Square Dancing:	Where:
Date Started Calling:	Where:
Date Started Round Dancing:	Where:
Date Started Cueing Round Dance:	Where:
Date Started Contra Dancing;	Where:
Date Started as Contra Leader:	Where:

List leadership activities:

(Attach additional documentation if needed)

Describe in your own words why you feel this individual should be recognized and honored by the SDAW (Square Dance Assoc. of Wisconsin):

(Attach additional documentation if needed)

Nominator Names(s):	
Address:	
City/ST/Zip:	
Email:	Phone:
Signature(s):	