RECOMMENDATION FORM SPORTS HALL OF FAME

Name: _____
First Middle Last

Address: _____

_____
City State Zip Code

Telephone: _____
Home Work Cell

Email: _____

Please submit a complete resume with your recommendation listing the sport/s that qualifies him/her for induction into the Sports Hall of Fame and a professional photo.

Your recommendation must be submitted by Friday March 22, 2019 to:

Mr. Leroy Byars, Chairman Hall of Fame
809 Cox Drive
Cleveland, MS 38732
Sbyars122@yahoo.com

For additional information call Leroy Byars 662-843-3177

Nominated by: _____ Address: _____

City: _____ State : _____ Zip Code: _____

Telephone: (H) _____ (C) _____ (W) _____