



EAST COAST ENDURO ASSOCIATION
HALL OF FAME
NOMINATION FORM

Your Name: _____ Date: _____

Nominee Name: _____

Current Position of Nominee: _____

Home Address of Nominee: _____

Phone: Home: _____ Work: _____ E-mail address: _____

Is the Nominee Living/Deceased? (Circle one)

Club nominee was a member of/administered/supported (if applicable) and the number of years involved.
(Please specify also the years the nominee was affiliated with the Association):

Special contributions/accomplishments, while involved with the ECEA, during his/her years with the
Association: _____

Reasons for nomination: (please include summary of why you feel this person(s) should be considered for
the ECEA Hall of Fame. Attach additional statement if necessary.)

Other person(s) to contact for more information about the nominee. Include contact information:

Name: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Name: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Please send completed form to:

ECEA Secretary
101 Rt. 541 Bypass
Hainesport, NJ 08036

Or via email at: ecea.secy@verizon.net