

MERCER COUNTY SOCCER HALL OF FAME

P.O. BOX 7912 WEST TRENTON, N.J. 08628

EST. 1985



APPLICATION FOR THE MERCER COUNTY SOCCER HALL OF FAME

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NOMINATOR _____

ADDRESS _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

CANDIDATE _____

ADDRESS _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

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CRITERIA FOR INDUCTION INTO MERCER COUNTY SOCCER HALL OF FAME

- A. Must have played for a minimum of ten (10) years. (At least part in Mercer County)
- B. Must be retired from soccer for a minimum of five (5) years.
- C. Must be approved by eighty (80%) percent of the committee.
- D. Selection for special awards for coaches, sponsors, managers, trainers or anyone who has contributed significantly to the game of soccer in Mercer County shall be made by the Committee.

Please complete this form as accurately as possible. Attach copies, not originals, of any documents, letters, etc. that you feel will help your candidate be selected. Enclosed information will not be returned. These papers will be retained by the committee for future consideration. This form may be copied. Also please enclose a glossy picture of your candidate.

YOUTH TEAMS/LEAGUES _____

YEARS PLAYED _____

AWARDS RECEIVED _____

SELECT/TRAVEL TEAMS _____

YEARS PLAYED _____

AWARDS RECEIVED _____

HIGH SCHOOL _____

YEARS PLAYED _____

AWARDS RECEIVED _____

COLLEGE (JUCO) _____

YEARS PLAYED _____

AWARDS RECEIVED _____

PROFESSIONAL EXPERIENCE _____

YEARS PLAYED _____

AWARDS RECEIVED _____

The awards listed should be from coach's organizations, newspapers and others organizations the candidate was associated with. This application can also be used for other candidates such as coaches and other contributors. If additional space is required, attach additional papers to this application.

Once completed please forward to any committee member or mail to PO Box listed on letterhead.