



Nomination

Form

SUBMITTER INFORMATION:

NAME:

MRF AFFILIATION:

ADDRESS:

PHONE:

EMAIL:

NOMINEE INFORMATION:

NAME:

MRF AFFILIATION:

ADDRESS:

PHONE:

EMAIL:

DATE OF BIRTH:

DATE OF DEATH:
(IF APPLICABLE)

NOMINEE'S MOTORCYCLING AFFILIATIONS

(PLEASE INCLUDE A TIMELINE OF THE YEARS THEY PARTICIPATED IN THOSE ACTIVITIES):

PLEASE ATTACH A BIO OF THE NOMINEE WITH ANY ADDITIONAL MATERIALS SUPPORTING THE NOMINATION OF THIS INDIVIDUAL INTO THE MRF HOF