



# 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***