



INTERMOUNTAIN SKI HALL OF FAME NOMINATION FORM

Please return your nomination by March 1, 2018

Nominee's Information

Name	:	
City, S	State, Zip Code:	
F moi	none:	
Date (n auuress of hirth•	Place of birth
Date	or our cu:	I acc of birth
Categ	ory of Nomination (che	ck one that most applies)
	officials, event organizer	Sports figures who achieved fame as racers, coaches, and timers; in alpine, cross country, jumping, nordic mark, gelande, jumping and biathlon skiing.
	limited to: Heli-skiing, b mountaineering.	who developed ski areas and ski facilities including, but not ack country access and back country skiing and
	the skill, practice and pr	S-Those who significantly contributed to the development of omotion of skiing, including ski school directors, now safety experts, ski equipment designers and ski
	Inspirational Skiers the sport of skiing.	- Those who were recognized for their skill and prowess in
		orts writers, authors, historians and individuals who rvation of ski history and to the historical development of
Is this	s a posthumous nominat	tion? Date of death
Name	of closest known relativ	ve:
City,	State, Zip Code:	
Telep	hone:	
E-mai	il address:	
Date(s	s) of achievements:	
What	is the nominee's connec	ction to the Intermountain Region?
v v 11al	is the nominee 5 connec	mon to the intermountain region.

- a. Supporting Material below <u>must</u> accompany a nomination. Nominations lacking will be pended and the nominator will be notified of missing items.
 - A short half page biography in a format suitable for publication excerpted from:
 - A long biography used to support the nomination that will inform, educate and describe the contributions, accomplishments exploits and history, of the nominee.
 - Ten (10) photos suitable for publication including a head shot for plaque.
 - Two (2) seconding letters.

Please limit the nomination to ten (10) pages, exclusive of photos.

Nominator's Information

1.	Name:Address:		
	City, State, Zip Code:		
	Telephone:		
	E-mail address:		
2.	What is your relationship to the nominee?		
Sec	ond's Information		
3.	Name (s):		
	Address:		
	City, State, Zip Code:		
	Telephone:		
	Name(s):		
	Address:		
	City, State, Zip Code:		
	Telephone:		
4	Knowledge of, or relationship to nominee:		
	nature of		
NO	minator: Date:		

Incomplete nominations will be pended until completed and will not be processed.

NOMINATIONS ARE DUE BY March 1, 2018

For more information contact Judy Jarrow, 801-581-3421, Or by e-mail:judy.jarrow@utah.edu

Mailing address: Special Collections, J. Willard Marriott Library University of Utah, 295 South 1500 East, SLC, UT 84112-0860