

MISSISSIPPI STATE UNIVERSITY M-CLUB SPORTS HALL OF FAME NOMINATION FORM

Name of Nominated Player: _____

Place of Birth: _____ Date of Birth: _____

Current Address: _____

Phone Number: _____ Email: _____

Sport(s) and Year(s) Attended: _____

All-Conference or All-American Honors: _____

Specific Athletic Accomplishments (Collegiate and Professional): _____

Other Information or Comments (Current profession, etc.): _____

We encourage you to attach additional information about the nominee to this form. Forms are due DECEMBER 31 of each year.

Completed forms should be mailed to:

MSU M Club
Attn: Rocky Felker
PO Box 2292
Mississippi State, MS 39762

Submitted by: _____

Date: _____