HALL-OF-FAME NOMINATION FORM – FRIEND

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: ( ) _____-_____ **Cell Phone:** ( ) _____-_____

E-mail Address: _____

Rationale for Nomination:

_____

<u>Return Application to</u>:

Jim Konrad
1521 Bonaventure Drive
Naperville, IL 60563