

MICHIGAN WRESTLING ASSOCIATION HALL OF FAME NOMINATION

NOMINEE: _____

Email: _____

Address: _____

Phone: _____

AFFILIATION: _____

(School/Official/Competitor)

NOMINATOR _____

Email: _____

Address: _____

Phone: _____

Coaching Stops: School/Dates/Total Years by school

1. _____

2. _____

3. _____

Specific Accomplishments:

**Record/Conference Championships/District, Regional, State
Championships...:**

Contributions to Students:

Contributions to Wrestling:

Contributions to MWA:

Narrative Rationale:

**This form is to be submitted to:
Mike Garvey, MWA Hall of Fame Chair**

**Email is the preferred method:
mgarvey@otsegops.org**

**7289 Orly Court
Kalamazoo, MI
49009**