



# HOMETOWN LEGENDS NOMINATION FORM

## Nominee Fact and Data Sheet

Please complete this form and attach any supplementary materials

Mail to: PO Box 10085, Jackson, TN 38308

Or e-mail to: [bethsedberry@gmail.com](mailto:bethsedberry@gmail.com)

### **Part 1 – Nominee Information**

Nominee Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Is the Nominee: Living \_\_\_\_ Deceased\* \_\_\_\_

\*Family Contact if the nominee is deceased: \_\_\_\_\_

### **Part 2 - Criteria confirmation:**

The criteria for the Hometown Legends Award requires that the nominee is (1) native to Madison County or (2) team or individual who have made exceptional impact on Jackson's sports history.

(1) Is the nominee native to Madison County? Explain: \_\_\_\_\_

(2) What impact has the team or individual made on sports history in Jackson? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Part 3 – Documents to support nomination**

On a separate document(s), please describe outstanding accomplishments of the nominee, records, and prior honors in High School, College, Professional Careers, or other areas. Submitting more information is generally more beneficial to the nominee than less information.