



# Nomination

# Form

## SUBMITTER INFORMATION:

NAME:

MRF AFFILIATION:

ADDRESS:

PHONE:

EMAIL:

## NOMINEE INFORMATION:

NAME:

MRF AFFILIATION:

ADDRESS:

PHONE:

EMAIL:

DATE OF BIRTH:

DATE OF DEATH:  
(IF APPLICABLE)

## NOMINEE'S MOTORCYCLING AFFILIATIONS

**(PLEASE INCLUDE A TIMELINE OF THE YEARS THEY PARTICIPATED IN THOSE ACTIVITIES):**

***PLEASE ATTACH A BIO OF THE NOMINEE WITH ANY ADDITIONAL MATERIALS SUPPORTING THE NOMINATION OF THIS INDIVIDUAL INTO THE MRF HOF***