

# BELOIT HISTORICAL SOCIETY HALL OF FAME NOMINATION FORM



Return to: 845 Hackett St., Beloit, WI 53511  
Email: info@beloithistoricalsociety.com

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

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Email \_\_\_\_\_

Family Contact \_\_\_\_\_

1. Why do you think this individual should receive the Beloit Historical Society recognition?

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

2. Service to the Community

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

3. Recognitions

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

4. Is the Nominee aware of your recommendation? \_\_\_\_\_

5. Additional people to contact for information.

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

Name of Nominator \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY.**