



CENTRAL AUTO RACING BOOSTERS HALL OF FAME NOMINATION FORM

**Please Type or Print
Due by September 1st
of each year**

DATE NOMINATION

RECEIVED: _____

Full Birth Name of Nominee: First: _____ Last: _____

Nick Name: _____ Nominee's Phone #: _____

Full Date of Birth: _____ If Deceased Full Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Living Next of Kin or Contact: _____ Relationship: _____

Phone #: _____ Address: _____ City: _____ State: _____ Zip: _____

Living Next of Kin or Contact: _____ Relationship: _____

Phone #: _____ Address: _____ City: _____ State: _____ Zip: _____

Nominated By: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Accomplishments: How were/are they a part of Racing?(i.e. Driver, Car Owner, Official, Mechanic, Car Builder, Track Owner-Promoter, Engine Builder, Media, Sponsor)

What were/are their major accomplishments?(Include Pictures, Old Programs, Newspaper Articles, Books, etc. with this form.

Which tracks were/are they associated with: _____

What era were/are they involved in?(i.e. 50's,60's. 70's, 80's etc.- Pioneer - before 1952)

Are they involved in any Organizations or Memberships? If so which ones?

Why do you feel they should be inducted into the Hall of Fame? _____

Please include any information on your nominee that you feel should be considered by the Selection Committee. Thank You for your time to do this for the Nominee and the Hall of Fame Selection Committee. Your time and efforts are greatly appreciated. Thank You!