**SUBMIT BY**

**May 16, 2017**

**DELAWARE AVIATION**

**HALL OF FAME**



| YOUTH AVIATION ACHIEVEMENT AWARD NOMINATION FORM | | | | |
| --- | --- | --- | --- | --- |
| NOMINEE Information (WHO YOU ARE NOMINATING) | | | | |
| Name: | | | | |
| Address: | | | E-mail: | |
| Phone: | | Cell Phone: | Fax: | |
| City: | | State: | ZIP Code: | |
| NOMINATOR Information (WHO YOU ARE) | | | | |
| Name: | | | | |
| Address: | | | E-mail: | |
| Phone: | | Cell Phone: | Fax: | |
| City: | | State: | ZIP Code: | |
| Relative or other appropriate contact | | | | |
| Name: | | | | |
| Address: | | | E-mail: | |
| Phone: | | Cell Phone: | Fax: | |
| City: | | State: | ZIP Code: | |
| Relationship to Nominee: | | | | |
| Reason for nomination(DESCRIBE IN DETAIL WHY THEY SHOULD BE INDUCTED) **CUT AND PASTE YOUR RESPONSE HERE IF REPLYING ELECTRONICALLY**  **IF REPLYING BY POSTAL SERVICE ATTACH YOUR RESPONSE TO THE FORM** | | | | |
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| **WHAT IS THEIR CONNECTION TO DELAWARE?**  **CUT AND PASTE YOUR RESPONSE HERE IF REPLYING ELECTRONICALLY**  **IF REPLYING BY POSTAL SERVICE ATTACH YOUR RESPONSE TO THE FORM** | | | | |
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| **A HEAD AND SHOULDERS PHOTO OF THE INDUCTEE WILL BE REQUIRED IF CHOSEN** | | | | |
|  | | | | |
| **ARE THERE COPIES OF CONFIRMING DOCUMENTS?**  **(NO ORIGINALS PLEASE)**  **(Medals, Awards, Letters of Commendation, etc.)**  **(Documents may be vetted)**  **INDICATE YOUR RESPONSE HERE IF REPLYING ELECTRONICALLY**  **IF REPLYING BY POSTAL SERVICE CIRCLE YOUR RESPONSE ON THE FORM** | | | | |
| **YES (ATTACHED)** | **YES (NOT ATTACHED, WILL FORWARD LATER)** | | | **NO** |
|  |  | | |  |

**IF REPLYING BY POST SEND TO:**

**DELAWARE AVIATION HALL OF FAME**

**PO Box 4303**

**Greenville, DE 19807**

**IF REPLYING ELECTRONICALLY SEND TO:**

[eyedoc42@verizon.net](mailto:%20eyedoc42@verizon.net)