

**DELAWARE AVIATION  
HALL OF FAME**



**SUBMIT BY  
MARCH 12, 2018**

## INDUCTEE 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 IF THIS IS A POSTHUMUS NOMINATION

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**

## INDUCTEE NOMINATION FORM

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

A HEAD AND SHOULDERS PHOTO OF THE INDUCTEE WILL BE REQUIRED IF CHOSEN

ARE THERE COPIES OF CONFIRMING DOCUMENTS?  
(NO ORIGINALS PLEASE)  
(DD214, 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 ELECTRONICALLY SEND TO:

[Eyedoc42@verizon.net](mailto:Eyedoc42@verizon.net)

IF REPLYING BY POST SEND TO:

DELAWARE AVIATION HALL OF FAME  
PO Box 4303  
Greenville, DE 19807