



**Massachusetts High School Football Coaches Association**

**Nomination Form – MHSFCA Hall of Fame**

The MHSFCA Executive Board would appreciate nominations from MHSFCA member high school football coaches for the MHSFCA Hall of Fame. The presentation of this award will take place at the Annual Awards Banquet in April.

**Criteria: Active Coaches must serve 25 years to be considered. Retired Coaches must have served 12 years and have been retired at least 3 years.**

NOMINEE:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

EDUCATION:

High School: \_\_\_\_\_

College: \_\_\_\_\_

COACHING EXPERIENCE: \_\_\_\_\_

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

COACHING RECORD: (Include all sports)

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

LEAGUE CHAMPIONSHIP YEARS: \_\_\_\_\_

UNDEFEATED YEARS: \_\_\_\_\_

DIVISIONAL TITLES: \_\_\_\_\_



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SUPERBOWL APPEARANCES: \_\_\_\_\_

PERSONAL HONORS:

Coach of the Year: \_\_\_\_\_

All-Star Coach: \_\_\_\_\_

Shrine Coach: \_\_\_\_\_

Other: \_\_\_\_\_

PRESENT POSITION: \_\_\_\_\_

NOMINATOR:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please attach any additional information that you may feel appropriate or provide any other personal reasons why you feel that your candidate belongs in the MHSFCA Hall of Fame.**

**Return this form by January 1<sup>st</sup> to:**

**Justin McKay**

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**Holden, Ma 01520**

**774-217-1965**

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