

**ATLANTIC BEACH SHAGGERS HALL of FAME**

P.O. Box 294, Atlantic Beach, N.C. 28512

252-240-7424

(ONE NOMINATION PER FORM)

**NOMINEE INFORMATION: (Please Print)**

**NAME:** \_\_\_\_\_

(\*Required Field - Please Print Clearly)

**ADDRESS:** \_\_\_\_\_

(\*Required Field - Please Print Clearly)

**PHONE NUMBER:** \_\_\_\_\_

(\*Required Field - Please Print Clearly)

**E-MAIL ADDRESS:** \_\_\_\_\_

(\*Required Field - Please Print Clearly)

TO BE CONSIDERED, A NOMINATION MUST BE SUBMITTED BY December 1<sup>st</sup> 2015 AND BE FROM A CURRENT MEMBER OF THE ATLANTIC BEACH SHAGGERS HALL OF FAME. INDUCTIONS FOLLOW IN FEBRUARY.

**Name of Nominator/Year of Induction:** \_\_\_\_\_

(Please Print Clearly All Nominator Information, Except Signature)

**Address of Nominator:** \_\_\_\_\_

**Phone Number/Email Address:** \_\_\_\_\_

**Signature of Hall of Fame member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The below listed criteria in support of this nomination must be provided in order for an individual to be considered for induction:

- (a) Dance History – when did the nominee begin dancing; club names or well-known places; shag activities and any honors received in the Shag dance world?
- (b) What influence has beach music and the Shag dance had on his/her life?
- (c) In what way is the nominee continuing to support the Shag dance and beach music?
- (d) VERY IMPORTANT - If inducted, it is expected that the nominee participate in the induction ceremony. If not, the nomination will not be considered.

It is the responsibility of the Hall of Fame member making the nomination to discuss with the nominee the above criteria.

**\*\*\* This application is for consideration only and DOES NOT GUARANTEE INDUCTION into the Atlantic Beach Shaggers Hall of Fame. \*\*\***

**SUPPORTING DOCUMENTATION:**

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(Begin above and continue on back or use additional sheet. Sign and Date each additional sheet.)