



NATIVE AMERICAN BIOGRAPHICAL FORM

Please Type, or print in BLACK ink

Name _____

Mailing Address _____

City _____ State _____ Zip _____

D.O.B _____ Place _____ If deceased, Date of Death _____

Home phone () _____ Work phone () _____

Mobile Phone () _____ E-Mail _____

TRIBE INFORMATION

Tribe _____ Rolls Number _____

SUMMARY OF WRESTLING ACHIEVEMENTS

Please check the appropriate boxes and complete that section:

State High School Champion

Championship Years _____ State _____ School _____

High School Wrestling Achievements _____

College/University All American (D1, D2, D3, NAIA, NJCA)

All American/Championship Years & Place _____

School _____ State _____

College Wrestling Achievements _____

Freestyle or Greco-Roman State Champion

Championship Years _____ State _____ Club _____

Freestyle or Greco-Roman National Champion

Championship Years _____ State _____ Club _____

Other Notable Wrestling Accomplishments _____

Print Your Name

Date

Mailing Address

(_____)_____
Telephone

Mail or Fax completed form to:

National Wrestling Hall of Fame • 405 West Hall of Fame Ave. • Stillwater, OK 74075 • Fax: 405-377-5244