



ILLINOIS AVIATION HALL OF FAME  
www.ilavhalloffame.org  
7745 Ponderosa Drive  
Springfield, Illinois 62707

## SPIRIT OF FLIGHT AWARD NOMINATION FORM

### Criteria for the Spirit of Flight Award:

Awarded annually to an organization that has made a substantial contribution to aviation in Illinois.

The organization's activities must be Illinois based and continuous over a long period of time.

The organization's member activities must be above and beyond that of normal paid employment and exhibit a high degree of excellence in their accomplishment.

### SPONSOR INFO

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### ORGANIZATION NOMINATED

NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

PLEASE RETURN ALL DATA TO THE ABOVE ADDRESS BY OCTOBER 1

DIRECTORS: Charley Rodriguez, Carol Para, Tom Cleveland, John Eckley, Linda Hamer

## NOMINEE DATA

Statement of how nominee organization's achievements and activities have contributed to the advancement of aviation in Illinois.

Recognition for and awards received by organization, if any.

News articles pertaining to organization's accomplishments, attach with submission.

Additional information or comments.

Two references familiar with pertinent activities of the organization

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CERTIFICATION BY RESPONSIBLE OFFICER OF NOMINEE ORGANIZATION: I hereby acknowledge that owner/operator of this organization is willing to accept the nomination for the Illinois Aviation Hall of Fame Spirit of Flight Award. I certify this information is correct and may be used by the Illinois Aviation Hall of Fame Selection Committee. All certification information will be verified.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_