

BELPRE HIGH SCHOOL

ATHLETIC HALL OF FAME NOMINATION FORM

PERSON MAKING NOMINATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL: _____

ATHLETE: _____ COACH: _____ FRIEND OF BELPRE ATHLETICS: _____

NAME: _____ YEAR OF GRAD: _____

COLLEGE ATTENDED _____

OTHER SPORTS PLAYED _____

YEARS NAMED TO ALL-LEAGUE, ALL-STATE, OR ALL AMERICAN _____

SPORTS IN WHICH AWARDS WERE EARNED _____

OTHER INFORMATION THAT WOULD QUALIFY THE APPLICANT FOR THE BELPRE HIGH SCHOOL HALL OF FAME _____

MUST HAVE GRADUATED 10 YEARS BEFORE ELIGIBLE FOR INDUCTION INTO HALL OF FAME

PLEASE RETURN APPLICATION TO BELPRE HIGH SCHOOL ATHLETIC DIRECTOR:

EMAIL INFORMATION TO: coachmike251@gmail.com