



TRI-VILLAGE

ATHLETIC HALL OF FAME

NOMINATION FORM

Name of Nominee: _____

Occupation: _____

Address: _____

Phone: _____

Year of Graduation or Years Coached: _____

NOMINEE MAY BE LIVING OR DECEASED

List the reasons why and the athletic achievements of the individual you have nominated above:

The nominee must have graduated at least (10) years prior to nomination if an athlete, and if the nominee is a coach, they must be out of coaching at least (5) years.

Name of Nominee's Coach(es) _____

Your Name _____

Address _____

Phone _____

Date _____

Please fill in each line. If you do not know the requested information, list "don't know". Mail or submit this completed form to: Tri-Village Athletic Director, PO Box 31, New Madison, OH 45346-0031