

**NOMINATION FORM
CHS ATHLETIC HALL OF FAME**

APPLICANTS NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: DAY: _____ EVENING: _____

E-mail ADDRESS: _____

CATEGORY: (PLEASE CHECK ALL THAT APPLY)

HIGH SCHOOL ATHLETE _____ COACH _____ CONTRIBUTOR _____ TEAM _____

1: **ATHLETE**

YEAR GRADUATED FROM CLINTON HIGH SCHOOL: _____

COLLEGE ATTENDED: _____

YEAR ATTEND COLLEGE: _____ TO _____

SUPPORTING INFORMATION THAT WOULD QUALIFY THIS PERSON FOR THE
CLINTON HIGH SCHOOL ATHLETIC HALL OF FAME:

2: COACH:

CLINTON HIGH SCHOOL SPORT (S) COACHED _____

_____ Years: _____

SUPPORTING INFORMATION THAT WOULD QUALIFY THIS COACH FOR THE CLINTON HIGH SCHOOL ATHLETIC HALL OF FAME:

3: SIGNIFICANT CONTRIBUTOR

SUPPORTING INFORMATION THAT WOULD QUALIFY THIS PERSON FOR THE CLINTON HIGH SCHOOL ATHLETIC HALL OF FAME:

4: TEAM – SUPPORTING INFORMATION THAT WOULD QUALIFY THIS TEAM FOR THE CLINTON HIGH SCHOOL HALL OF FAME.

Please attach any news articles or information that would be helpful to the committee in the selection process.

Use reverse side for additional information if needed.

NAME OF PERSON MAKING NOMINATION:

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____

EMAIL ADDRESS: _____

DATE OF NOMINATION: _____/_____/_____

SEND TO:

CHS ATHLETIC HALL OF FAME COMMITTEE

Selection Committee Chairman

Activities Office

817 8th Avenue South

Clinton, IA 52732