



Hall of Fame Nomination Form

Name of Person Submitting Nomination: _____

Address: _____
Street / PO Box City State Zip

Phone: _____ Email: _____

NOMINATION CRITERIA:

- 1) If Athlete, must be a CCHS graduate and out of school at least ten (10) years **OR**
- 2) Coach, Administrator, Manager, Trainer, Contributor/Donor, Team Award, Selection Committee

STATUS (check all that apply):

- Athlete Coach Administrator Manager Trainer
- Contributor/Donor Team Award Selection Committee

NOMINEE: _____ PHONE: _____

ADDRESS: _____ Email: _____

CITY: _____ STATE: _____ ZIP: _____

YEAR GRADUATED (If applicable): _____ # YEARS COACHED (if applicable): _____

Circle One: Living *Deceased

*If deceased, list name of spouse or nearest living relative: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

- I. **Sport(s) Achievements at CCHS** (use additional page if necessary):

- II. **Post-High School Achievements** (use additional page if necessary):

- III. **Career Achievements** (use additional page if necessary):

- IV. **Athletic Awards, Honors, Highlights, Championships, Organizations, etc.** (use additional page if necessary):

- V. **Coaching Awards, Honors, Highlights, Championships, Organizations, etc.** (use additional page if necessary):