

**VICTOR CENTRAL SCHOOLS  
HALL OF FAME NOMINATION FORMS**

There are three (3) categories to nominate potential Hall of Fame inductees. They are:

- 1) **Former Athletes (graduate a minimum of 10 years)**
- 2) **Coaches (Individuals who have made significant and extraordinary contributions to the Victor Athletic programs)**
- 3) **Administrators/Honorees (an honorary candidate must have made a significant impact on Victor Athletes)**

Please make sure you are completing the correct form for your nominee. Thank you for preserving the history of interscholastic athletics at Victor Central Schools.

NAME OF NOMINEE \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

Type or print all information.

A ten-year waiting period is required for participant athlete nominations from the time they graduate from VCS.

**A. Sports Participation at Victor Central Schools:**

Student at Victor Central Schools from \_\_\_\_\_ to \_\_\_\_\_ Graduation Date \_\_\_\_\_

Sport

Position

Participation Years

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Honors and recognition in Sports ( All League, Section, State, etc.)

\_\_\_\_\_

Please list the professional achievements and community involvement of the nominee

\_\_\_\_\_

Please add any additional comments you feel would distinguish this nominee from others in the space below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nomination submitted by \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Signature \_\_\_\_\_

**For consideration in the current year, this nomination must be returned by the first week in June**

to

**Athletic Director  
Victor Central School  
953 High Street  
Victor, New York 14564**

NAME OF NOMINEE \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

Type or print all information.

**B. Coaching with Victor Central Schools**

**Sport Coaches**

**Win/Loss Record**

**Coaching Years**

_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

**Honors and Recognitions (Coach of the Year, etc.)**

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**Please list the professional achievements and community involvement of the nominee:**

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**Please add any additional comments you feel would distinguish this nominee from others in the space below.**

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**Nomination submitted by** \_\_\_\_\_

**Address** \_\_\_\_\_

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**Phone Number (Work)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**For consideration in the current year, this nomination must be returned by the first week in June to**

**Athletic Director  
Victor Central School  
953 High Street  
Victor, New York 14564**

**NAME OF NOMINEE** \_\_\_\_\_ **DATE SUBMITTED** \_\_\_\_\_

Type or print all information.

**C. Administrator / Honoree:** Please list the significant contributions this nominee has made to students and the interscholastic athletic program at Victor Central Schools that would support their nomination to the Hall of Fame.

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**Please list the professional achievements and community involvement of the nominee:**

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**Please add any additional comments you feel would distinguish this nominee from others in the space below.**

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**Nomination submitted by** \_\_\_\_\_

**Address** \_\_\_\_\_

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**Phone Number (Work)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**For consideration in the current year, this nomination must be returned by the first week in June to**

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