



T U L S A

PUBLIC SCHOOLS

Athletics Hall of Fame Nomination Form

Name of Nominee: _____

Male: _____ Female: _____

Current Address: _____

Home Phone: _____ Cell Phone _____

Nomination Category:

Former TPS Athlete

Year of Graduation: _____ Sport(s): _____

Former Coach/Administrator/Sport/Title/

Position Held: _____

Years of Service: _____

Contributor/Donor

Significant Contributions to the TPS Program:

Rationale for Nomination: _____

Significant Contributions or Accomplishments

Submitted By: _____

Date: _____

Address: _____
Street City State Zip

Phone: _____