



Haldane High School
ATHLETIC HALL OF FAME

Date Submitted: _____

Nomination of (check one): Athlete ___ Coach ___ Team ___ Administrator ___

Nominee/Team's Name: _____

Graduating Class: _____

Address: _____

Phone: _____ Email: _____

Nominating Person: _____

Role of person making the nomination (check one):

Staff ___ Coach ___ Alumni ___ Community Member ___ Other ___

Phone: _____ Email: _____

Please explain why you feel this nominee should be inducted. Include accomplishments, contributions, and any other facet of their athletic career at Haldane High School. Should you need more space, please continue on the back or provide an attachment.

Varsity Team(s) Played For/Coached: _____

Awards Received (*All Section, All County, All League etc.*):

Submit form to:

John Bauerlein, Interim Athletic Director and Dean of Students
Haldane Central School District, 15 Craigsides Drive, Cold Spring, NY 10516
Or email: jbauerlein@haldaneschool.org