## MHS Athletic Hall of Fame (AHoF) Nomination Form

Please return NOMINATION FORM via email or regular USPS mail to:

MHS Athletic Hall of Fame Committee ATTN: Athletic Director 70 Church Street Millbrook, NY 12545 alfred.hammell@millbrookcsd.org

Name of Nominee			Graduation Year
Category: Athlete C	Coach Team		Cell Phone
Current Street Addre	ess		Home Phone
City	State	Zip Code	Email Address
			*********************
Name of Nominator			Email Address
Street Address			Cell Phone Number
City	State	Zip Code	 Home Phone Number

## Narrative: Why should the athlete, coach, or team be inducted into the MHS Athletic Hall of Fame?

## **Achievement and Recognition:**

	hievements or reco			
Post-MHS List individual	Graduation Athloathletic achieveme	etic Achievement ( ents received after g	for information onl raduation (dates if l	y): known)

## Community Service (for information only): List specific evidence of involvement in community service. (dates if known).

Include any additional information you consider relevant (for information only):	
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