

MOHS ATHLETICS HALL OF FAME NOMINATION FORM



■ SEND COMPLETED FORM TO:
MOUNT OLIVE HIGH SCHOOL C/O KORI PRUDEN
18 COREY ROAD, FLANDERS, NJ 07836

Name of Nominator : _____
Full Address : _____
E-Mail : _____ Phone : _____

NOMINEE INFORMATION:

Name : _____
Full Address : _____
Phone : _____ Graduation : _____
Year : _____

Varsity Sports Played : _____

Positions Played : _____

School Honors Earned : _____

Conference / County Honors Earned : _____

State Honors Earned : _____

College / University Attended : _____

Parents' Name : _____

Address : _____

Phone : _____