

**BROOKVILLE HIGH SCHOOL
ATHLETIC HALL OF FAME
NOMINATION FORM**

DEADLINE: OCTOBER 1

NAME OF NOMINEE _____
(NOMINEE MAY BE LIVING OR DECEASED)

OCCUPATION _____

STREET, CITY, STATE, ZIP _____

PHONE _____

NAME OF SPOUSE _____

NAME(S) OF CHILDREN _____

CLASS GRADUATION DATE, YEARS COACHED, OR YEARS OF SERVICE _____

**OUTLINE THE REASONS WHY YOU WISH TO NOMINATE THE ABOVE NAMED INDIVIDUAL.
PLEASE ANSWER THE QUESTIONS ON THE REVERSE SIDE OF THIS NOMINATION FORM.**

NOMINATER _____

ADDRESS _____

PHONE NUMBER _____

DATE _____

**PLEASE FILL IN EACH LINE ON THE REVERSE SIDE OF THIS FORM. IN THE
EVENT YOU DO NOT KNOW THE REQUESTED INFORMATION, PLEASE STATE
“DO NOT KNOW.”**

MAIL OR SUBMIT THIS COMPLETED FORM TO:

**Brian Sprada, Athletic Director
Brookville High School
One Blue Pride Drive
Brookville, Ohio 45309**

Athletic accomplishments while attending Brookville High School:

Accomplishments while coaching or while an athletic administrator at Brookville High School:

Meritorious service to Brookville High School:
