



**IROQUOIS ATHLETIC “WALL OF FAME”  
NOMINATION FORM**

Mail to:

**Iroquois CSD**

**PO Box 32**

**Elma, NY 14059**

**Attn: Carrie Vetter**

Please fill out all the information requested!

(Circle one)    Athlete            Coach            Contributor

CANDIDATE’S NAME: \_\_\_\_\_

Candidate’s Mailing Address: \_\_\_\_\_

Candidate’s Phone Number: \_\_\_\_\_      Graduation Year: \_\_\_\_\_

Brief History of Candidate’s Accomplishments while at IROQUOIS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Candidate’s present situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Short paragraph supporting your nomination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_