

WUHS HALL OF FAME COMMITTEE APPLICATION



NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL ADDRESS _____

COMMITTEE CHOICE (CIRCLE THOSE THAT APPLY): ATHLETIC HALL OF FAME, ACADEMIC HALL OF FAME

ATHLETIC HALL OF FAME (CIRCLE THOSE THAT APPLY):

CURRENT COACH, DISTRICT EMPLOYEE, COMMUNITY MEMBER

ACADEMIC HALL OF FAME (CIRCLE THOSE THAT APPLY):

CURRENT FACULTY MEMBER, SCHOOL BOARD MEMBER, COMMUNITY MEMBER

PLEASE PROVIDE INFORMATION REGARDING YOURSELF AND WHY YOU WOULD BE A VALUABLE COMMITTEE MEMBER TO ONE OF THE HALL OF FAME COMMITTEES (PROVIDE AN ADDITIONAL SHEET IF NEEDED):

RETURN THIS FORM TO: WUHS HALL OF FAME, ATTN: SUPERINTENDENT, 100 FIELD DRIVE, WATERFORD, WI 53185