



ATHLETE NOMINATION FORM

Candidate Information

Candidate's name: _____
(First) (Last) (Maiden Name)

DOB ____ / ____ / ____

*Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Daytime Phone _____

Nominee's Year of Graduation: _____

Nominator Information

Name _____
(First) (Last)

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Daytime Phone _____

Nominator's signature _____ Date: _____

* If nominee is deceased, please identify a next of kin relative: _____



OUTSTANDING ACCOMPLISHMENTS

Name of nominee: _____

Please complete this section to the best of your ability.

YOG: _____

Sport	Years of Participation					Other Recognition/Honors/Records
	Type of Recognition	9	10	11	12	
	Participation					
	Lettered					
	Captain					
	All Conference					
	All Area					
	All State					
	All NE/USA					

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	Participation					
	Lettered					
	Captain					
	All Conference					
	All Area					
	All State					
	All NE/USA					

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Other comments: _____

