

# ELIDA ATHLETIC HALL OF FAME

## NOMINATION FORM

(Please type or print clearly)

*I recommend the following individual for the Elida Athletic Hall of Fame:*

NOMINEE		LOCAL CONTACT PERSON	
<b>Name</b> _____		<b>Nearest Relative</b> _____	
<b>Address</b> _____		<b>Address</b> _____	
<b>Phone</b> _____	<b>Age</b> _____	<b>Phone</b> _____	<b>Relation</b> _____

**Category (Check one or more)**

- Former Elida High School Athlete (Must be 10 years beyond participation)
- Former Elida High School Coach or Administrator (Must be retired from nominated position)
- Special Contributors (Eligible anytime)
- Posthumous (Eligible anytime)

<b>NUMBER OF YEARS AT ELIDA HIGH SCHOOL</b> _____
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SPORTS PARTICIPATED IN AT EHS	NUMBER OF VARSITY LETTERS EARNED

OUTSTANDING ACCOMPLISHMENTS (SCHOOL RECORDS, ETC.)

HONORS EARNED (INCLUDE LEAGUE HONORS, DISTRICT, STATE AND NATIONAL)

<b>COLLEGE ATTENDED:</b> _____	<b>LOCATION:</b> _____
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COLLEGE SPORTS (LETTERS EARNED, ACCOMPLISHMENTS, ETC.)

