

NCCHS ATHLETIC HALL OF FAME NOMINATION FORM

CANDIDATES NAME: _____ Graduation Year: _____

ADDRESS: _____ STATE: _____ ZIP: _____

EMAIL: _____ CELL PHONE: _____

SPORT(S) : _____ **HALL OF FAME CATEGORY (Please Check below):**

HIGH SCHOOL ATHLETE: _____

COACH: _____

TEAM: _____

FRIEND OF NEWMAN: _____

1. ATHLETE: (High School, College or Pro)

COLLEGE ATTENDED: _____ YEARS: _____ to _____

OTHER: (PRO ETC) _____

AWARDS

ALL CONFERENCE: _____ ALL-STATE: _____ ALL AMERICAN: _____

ADDITIONAL INFORMATION THAT QUALIFIES THIS APPLICANT FOR NCCHS ATHLETIC HALL OF FAME: _____

2. COACH:

NEWMAN HIGH SCHOOL SPORT(S) COACHED AND YEARS: _____

REASON FOR NOMINATION: _____

3. TEAM:

YEAR(S): _____ RECORD(S): _____

REASON FOR NOMINATION: _____

4. FRIEND OF NCCHS:

REASON FOR NOMINATION: _____

PERSON NOMINATING(Your Name) _____

ADDRESS: _____ STATE: _____ ZIP: _____

E-MAIL: _____ CELL PHONE: _____

DATE OF NOMINATION ____/____/____

PLEASE ATTACH ANY ADDITIONAL INFORMATION NECESSARY