

Licking Valley

Athletic

Hall of Fame

Name of Nominee \_\_\_\_\_

Nominee's Address and Phone Number (if known) \_\_\_\_\_

\_\_\_\_\_

Year of Graduation \_\_\_\_\_ Years at LVHS \_\_\_\_\_

Why do you feel that this individual you are nominating for the Licking Valley Hall of Fame should be selected?

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Additional materials may be attached. Please be as concise and specific as possible. Letters of recommendation or reference are welcome.

Name of Nominee's Coach(es) \_\_\_\_\_

Nominator's Name and Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Please complete and return to:  
Licking Valley Athletic Department  
Hall of Fame Committee  
100 Hainsview Dr. NE  
Newark, OH 43055