

WAUBONSIE VALLEY HIGH SCHOOL



ATHLETIC HALL OF FAME

NOMINEE:

NAME/TEAM _____ CLASS OF _____

CURRENT ADDRESS:

Street _____

City _____ State _____ Zip _____

Phone: _____

Fax: _____

E-mail: _____

SPORTS PARTICIPATED IN OR ASSOCIATED WITH AND YEAR:

HIGH SCHOOL HONORS EARNED (TEAM AND INDIVIDUAL):

COLLEGE HONORS EARNED (TEAM AND INDIVIDUAL):

POST COLLEGE HONORS EARNED/EXPERIENCES:

COMMUNITY SERVICE RELATIVE TO ATHLETICS:

REASON FOR NOMINATION:

NOMINATOR:

NAME: _____

CURRENT ADDRESS:

Street _____

City _____ State _____ Zip _____

Phone: _____

Fax: _____

E-mail: _____

Signature: _____

RETURN TO:

WAUBONSIE VALLEY HIGH SCHOOL
ATHLETIC DIRECTOR
2590 OGDEN AVENUE
AURORA, IL 60504
Phone: 630-375-3368
Fax: 630-375-3183
E-mail: chris_neibch@ipsd.org

****MUST BE RETURNED TO WVHS ATHLETIC OFFICE BY APRIL 15th****