

NT ATHLETIC HALL OF FAME
Nomination Form

Date ___/___/___

Name of Nominee _____ Years Involved _____

Athlete _____ Coach _____ Service Person _____ Team _____

Is nominee deceased? Yes ___ No ___ If yes, skip to contact information. If no, please continue.

Address _____

E-mail address _____

Home phone number _____ Cell phone number _____

Contact information for deceased nominees only:

Name of Contact _____ Relationship to nominee _____

Address _____

E-mail address _____

Home phone number _____ Cell phone number _____

PLEASE ATTACH ACCOMPLISHMENTS PAGE TO THIS NOMINATION SHEET!

Name of person nominating _____

Address _____

E-mail address _____

Home phone number _____ Cell phone number _____

You may turn this document in to the NT Office, any Hall of Fame Committee member, or mail it to: NT Athletic Hall of Fame President, 6940 Oxford-Gettysburg Road, New Paris, OH 45347.

DO NOT WRITE BELOW THIS LINE: FOR NTHOF COMMITTEE USE ONLY!

Date nomination received ___/___/___

Person receiving nomination _____

ACCOMPLISHMENTS PAGE

Nominee _____

Athlete Information

<u>Sport</u>	<u>Years</u>	<u>Varsity Letters</u>	<u>Honors</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coach Information

<u>Sport</u>	<u>Years</u>	<u>Record</u>	<u>Honors</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Team Information

<u>Sport</u>	<u>Year</u>	<u>Record</u>	<u>Honors</u>
_____	_____	_____	_____

Meritorious Service Person Information

<u>Sport</u>	<u>Years</u>	<u>Services performed</u>
_____	_____	_____

Additional Information

You are welcome to attach additional information if necessary.