

HALL OF FAME NOMINATION FORM



Name of Nominee:					
	Last (Maiden) or Team Name	e First	N	⁄liddle	Nickname
Address:					
Street		City	S	tate	Zip
Nominated for (circle):	Athlete	Coach	Staff	Activity	Other
Current age:	Date of Birth:	Place o	f Birth:		
Spouse Name:		Telephone (cell/home):			
Year Graduated from L	College Name and Class of				
	hat Person is Nominated				
Other General Comme	nts About the Nominee:	:			
Address: Street	City	State		•	mail
Phone Number (cell/ho		F	ax:		

Please Email Completed Nomination Form To: lhshof@laurelcommunity.org

^{**} Please submit a photo (5"x8" if available) of the nominee with this nomination form.

^{***} Refer to the attached Hall of Fame criteria list to gather information. Applicants are not expected to have accomplished all the criteria but must meet a certain # to be considered for induction.