

TEAM NOMINATION

GALESBURG HIGH SCHOOL ATHLETIC HALL OF FAME

YEAR_____ **SPORT/ACTIVITY**_____

CAN YOU PROVIDE A TEAM PICTURE: __YES __NO

CAN YOU PROVIDE A TEAM ROSTER: __YES __NO

NOMINATION SUBMITTED BY: _____

PHONE_____

TEAM RECORD_____

SPECIAL HONORS:

STATE LEVEL COMPETITION:

WHY DO YOU FEEL THIS TEAM DESERVES HALL OF FAME RECOGNITION??

[illegible]