

ST. LAWRENCE CENTRAL ATHLETIC HALL OF FAME--NOMINATION FORM

NOMINATION DEADLINE:



*Please use this form to nominate a candidate for the
St. Lawrence Central Hall of Fame.*

MAIL TO: Athletic Director
Brasher Falls Central
1039 State Highway 11 C
Brasher Falls, NY 13613

NAME OF NOMINEE: _____

NOMINEE'S PRESENT ADDRESS: (required)

TELEPHONE NUMBER: (required)

NOMINEE'S YEARS OF ATTENDANCE AT ST. LAWRENCE CENTRAL: _____

NOMINEE'S YEAR OF GRADUATION: _____

CATEGORY OF NOMINATION: (check only one):
_____ Former Athlete
_____ Coach/Administrator
_____ Team
_____ Honorary

ATHLETIC PARTICIPATION AT ST. LAWRENCE CENTRAL

Sport	No. Years	Captain	MVP	Honors
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Continue on to back page.

PLEASE ATTACH ANY OTHER PERTINENT INFORMATION / HISTORY THAT WILL BE
HELPFUL TO THE HALL OF FAME COMMITTEE IN THE SELECTION OF INDIVIDUALS, TEAMS,
AND IN THE DEVELOPMENT OF A PROGRAM.

COACHING AT ST. LAWRENCE CENTRAL

Sport	No. Years	Honors

TEAM MEMBERSHIP AT ST. LAWRENCE CENTRAL

Sport	Record Held for Year	Accomplishments

HONORARY NOMINATION FOR HALL OF FAME

Contributions to St. Lawrence Central Athletic Program(s)

ACADEMIC HONORS WHILE AT ST. LAWRENCE CENTRAL

FAMILY INFORMATION, CURRENT EMPLOYMENT, PROFESSION
