

**AMANDA-CLEARCREEK ATHLETIC HALL OF FAME
NOMINATION FORM**

Please check all that apply and complete the pertinent information as well as you can:
This nomination is for a(n):

_____ Athlete _____ Coach _____ Team _____ Benefactor

I. Nominee's General Information

Name _____ Occupation _____
Address _____
Home Phone _____ Work Phone _____
E-Mail _____
Age ____ Birth Date _____ Sex ____ Year Graduated ____
Clubs or Organizations _____

II. Athlete Nominee

Sport	Coach	Level	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Athletic Honors Received

Sport	Type of Award	Year Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

College Awards: _____

Honors Other Than Athletics: _____

Other Information: _____

III. Coach Nominee

Sport	Year(s)	Level	Record
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Championships: _____

Coaching Honors Received

Sport	Type of Award	Year Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Honors Received _____

Other Information _____

IV. Benefactor Nominee

Please list the contributions you feel make the nominee worthy of consideration by the committee:

V. Team Nominee

Please list the contributions you feel make the nomination of this team worthy of consideration by the committee

