

OHS ATHLETIC HALL OF FAME NOMINATION FORM

The OHS Athletic Hall of Fame Committee expects to receive many nominations for induction. IT IS IMPORTANT THAT YOU, AS NOMINATOR, PROVIDE AS MUCH DETAIL AS POSSIBLE TO SUPPORT YOUR NOMINEE. In addition to submitting information requested below, feel free to include newspaper articles, copies of award certificates or any additional documents that will provide background information to assist the Committee during the consideration of the nominee. Make sure you keep the originals of any articles, certificates or documentation, as we cannot guarantee their return. USE ADDITIONAL PAGES, IF NECESSARY.

NOMINEE INFORMATION:

Name _____ Years you attended OHS _____

Address _____

City & State _____ Zip Code _____

Phone Number _____

Induction Category: (circle one)

Student Athlete

Athletic Department Staff

Athletics Program Patron/Supporter

Teams of Distinction

For Student Athlete nominations please use the format below. NARRATIVE COMMENTS should be written on a separate page, as it will usually not fit on this form. Write “see attached” on this form, then attach the narrative and additional pages, if necessary, to support your nomination.

For nomination of coaches, other Athletic Department staff, athletic patron/supporter or Team of Distinction, use only the NARRATIVE COMMENTS section below, and additional pages, if necessary, to support your nomination.

VARSITY SPORTS
PLAYED

NO. OF YEARS
PLAYED SPORT

YEARS PLAYED

from 19____ to 19____
from 19____ to 19____
from 19____ to 19____

SPECIAL RECOGNITION (League all-star, All-State, All-American)

SPORT

CLASSIFICATION

YEAR of AWARD

NARRATIVE COMMENTS

[illegible]

Phone Number _____ E-Mail Address _____

OHS Alumni Association ATTN: AHOF
c/o Tim Catella
11 Woodside Ave
Oneonta, NY 13820

The deadline for submitting nominations is January 31, of the initial year in which the application will be reviewed. Nominations received after this date will be reviewed the following year.

For official use only-	
Date received:	Initial Date reviewed:
Additional pages attached: <input type="checkbox"/> yes <input type="checkbox"/> no	Number of pages _____