TRINITY AREA SPORTS HALL OF FAME
NOMINATING FORM

Due by:_____

Nominee's Name: _____
Address: _____
_____
_____

Phone: _____
Email Address: _____
Place and Date of Birth: _____
Date of Death: _____
High School Attended: _____
College Attended: _____
Degree (all): _____
Military Service: _____
Dates and Rank, Honors: _____

Categories: *Check – **ONE** – category for which you are nominating the candidate.*

☐ Athlete ☐ Coach / Manager ☐ Team ☐ Contributor ☐(Posthumous)

☐ Other (Please Note)

Sport Classification: *Check – **ONE***

☐ Basketball ☐ Baseball ☐ Football ☐ Wrestling ☐ Track & Field ☐ Soccer
☐ Golf ☐ Tennis ☐ Swimming ☐ Volleyball ☐ Softball ☐ Rifle
☐ Other _____ ☐ Lacrosse ☐ Cross Country

*** **Nominated By:** _____
Address: _____
_____
Phone: _____
Email Address: _____

Has Nominee agreed, if elected, to be present for induction? _____

Signature and Date: _____ _____

The person (Sponsor) nominating for induction is responsible for providing all the above information including: Complete and factual biography and for any follow-up information and photographs. Incomplete Nomination Forms will be rejected and returned to Sponsor for completion before presented.

Biography of Individual or Team:

Name: _____

Please summarize your Nominee's sports career, listing pertinent dates, statistics, and honors earned. In organizing your information you may want to list the most significant accomplishments first and others in descending order. The information may be printed or typed in paragraph form or listed in bullet points.

Credentials of the nominees must be attached to this nominating form. (Such as newspaper articles, copies of certificates, awards, etc.)

Biography of Individual or Team:

Name: _____

Continued: