

BLOOM-CARROLL HIGH SCHOOL

ATHLETIC HALL OF FAME APPLICATION

A. Name of Nominee (no self-nominations will be accepted)

Address

Telephone Number _____

Year of Graduation _____ or years of service _____

Check if deceased _____

If deceased, please list name, address, and telephone number of nearest relative:

Name of relative _____

Address _____

Telephone number _____

Nominee was/is:

Bloom-Carroll Athlete ___ Bloom-Carroll Coach ___ Bloom-Carroll Athletic Contributor ___

B. List in respective areas the sports and years played along with all honors received and any records achieved (All-League, All-District, All-State, team championships, etc). This information may be submitted on a separate sheet of paper if necessary.

a. High School

b. College (Year of graduation _____)

c. Post College

C. List any athletic honors nominee has received while involved in athletics as a profession:

D. Present occupation and non-athletic honors in this area:

E. Facts concerning family (spouse, children, etc.)

F. Any other pertinent information you feel the selection committee should consider:

G. Name, address, and phone number of individual submitting the nomination:

Application must be returned to: Bloom-Carroll High School

Attn: Athletic Director

5240 Plum Road

Carroll, OH 43112

Nominations due by: October 31st