

**NOMINATION FORM**

**TIPPECANOE ATHLETIC HALL OF FAME**

Candidates Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If deceased, check here: ⃝ Category: Athlete ⃝ Coach ⃝ Staff ⃝

Nominated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Varsity Sports lettered in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Titles and Championships**

**List every League, District, Regional, State and other Honors:**

Sport Year Award Level

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Other Honors/Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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College and /or Pro Accomplishments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please write why you feel the above named nominee has earned the privilege to be in the Tippecanoe High School Athletic Hall of Fame. (Use Back if Necessary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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THE SELECTION COMMITTEE WILL DO THE BEST JOB IT CAN TO VERIFY AND DOCUMENT THE ABOVE INFORMATION. HOWEVER IT IS NOT THE SELECTION COMMITTEE’S JOB TO PROVIDE THE INFORMATION. PLEASE PROVIDE US WITH PHOTO COPIES, PHONE NUMBERS, AND INFORMATION TO HELP US IN OUR QUEST. FAILURE TO DO SO WILL DELAY AND/ OR ELIMINATE CANDIDATE FROM SELECTION.**DEADLINE FOR NOMINATIONS IS Aug. 1st.**

**READ AND SIGN BELOW**

TO THE BEST OF MY KNOWLEDGE, I BELIEVE ALL THE ABOVE INFORMATION TO BE TRUE AND UNDERSTAND THE CONSEQUENCES FOR PROVIDING FALSE CLAIMS.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_