

NOMINATION FORM

THE MCHENRY WARRIORS ATHLETIC HALL OF FAME

Person submitting name of nominee of individual or team (please print).

(Note: athletes and teams have to have graduated a minimum of five (5) years to be nominated.)

Your Name _____ Your Phone _____
Your Address _____ Date Submitted _____

Nominees Background (Please answer as completely as possible).

1. **Nominees Name/Team** _____
McHenry High School Graduation Year _____

2. **Check which of the following apply about your nominee:**
 Athlete is former State Champion Athlete is former Outstanding Athlete
 Athlete/Team received All-State Recognition Athlete achieved much after high school
 Individual is former Outstanding Coach Individual has been strong backer of athletics

3. **If the nominee is an individual, what is his/her mailing address? Please include a family member's address if nominee is deceased.**

Phone () _____

4. **Do you have a photo of the individual/team?** Yes No

5. **In what sport(s) did the individual participate?**

6. **List all Honors that you are aware of that were awarded this individual/team.**

7. **For individuals only. Briefly list any details if the athlete participated in college athletics.**

