

**CENTRAL COLUMBIA HIGH SCHOOL
ATHLETIC HALL OF FAME
NOMINATION FORM
(Submit to the Athletic Office)**

TODAY'S DATE _____

CANDIDATE INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

GRADUATION OR YEAR OF RETIREMENT: _____

NOMINATION CATEGORY: (PLEASE CHECK ONE)

____ ATHLETE ____ COACH ____ TEAM ____ OTHER INDIVIDUAL

RATIONALE FOR RECOGNITION: (PLEASE PROVIDE A LIST OF ACCOMPLISHMENTS AND OR CONTRIBUTIONS TO THE CENTRAL COLUMBIA ATHLETIC PROGRAM)

NOMINATOR'S INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NOMINATOR'S SIGNATURE _____