## WHITNALL HIGH SCHOOL ATHLETIC HALL OF FAME

## **Coach Nomination Form**

COACH INFORMATION				
Name of Coach (First, Last, Maiden Name):				
Coach's Address:				
City:	State:	Zip:		
Coach's Email:				
Coach's Home Phone:		Coach's Cell Phone:		
Coach's Year of Graduation:		Coach's Date of Birth:		
☐ Please mark box if nominee is deceased				
NOMINATOR INFORMATION				
Name (First, Last):				
Address:				
City:	State:	Zip:		
Email:				
Phone:	Date S	Submitted:		
<ul> <li>□ Attach Photo of Nominee For Press Release</li> <li>□ Attach Newspaper and/or Other Supportive Material</li> <li>□ Attach 2 Letters of Recommendation *</li> <li>* Letters of Recommendation - 2 (min) from non family members are required</li> </ul>				

## WHITNALL HIGH SCHOOL ATHLETIC HALL OF FAME

## Coach Nomination Form - Page 2

background and informat	escription while a Coach at Whitnall High S ion pertaining to coaching positions held, o nall High School Athletics.)	-
•	records and honors (overall record, outstar significant performance by individual athle	•
why this individual deserv	words or less typed, share any additional yes a place in the Whitnall High School Ath onfidential until nominees are actually selec	letic Hall of Fame. All
Nominator's Signature:		Date:
Mail Completed Form to:	Athletic Office % Athletic Director Whitnall High School	

5000 S. 116th St.

Greenfield, WI 53228