

WHITNALL HIGH SCHOOL ATHLETIC HALL OF FAME

Distinguished Service Nomination Form

NOMINEE INFORMATION

Name of Nominee (First, Last, Maiden Name):

Address:

City:

State:

Zip:

Email:

Home Phone:

Cell Phone:

Year of Graduation:

Date of Birth:

Please mark box if nominee is deceased

NOMINATOR INFORMATION

Name (First, Last):

Address:

City:

State:

Zip:

Email:

Phone:

Date Submitted:

- Attach** Photo of Nominee For Press Release
 Attach Newspaper and/or Other Supportive Material

**WHITNALL HIGH SCHOOL
ATHLETIC HALL OF FAME**

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Please provide information about nominee's Service to Whitnall High School Athletics.

Please provide complete details of the nominee's contributions and the benefit to Whitnall High School Athletics.

Duration and dates of the nominee's involvement in Whitnall High School Athletics.

Statement of Support:

On a separate sheet, in 30 words or less typed, share any additional information describing why this individual deserves a place in the Whitnall High School Athletic Hall of Fame. All information will remain confidential until nominees are actually selected.

Nominator's Signature:

Date:

Mail Completed Form to: Athletic Office
% Athletic Director
Whitnall High School
5000 S. 116th St.
Greenfield, WI 53228