

# LINCOLN HIGH SCHOOL ATHLETICS HALL OF FAME NOMINATION FORM



### \* Deadline February 1st

| Nominee:      |                                 |                           |                         |
|---------------|---------------------------------|---------------------------|-------------------------|
|               | First                           | Middle                    | Last                    |
| Address:      |                                 |                           |                         |
|               |                                 |                           |                         |
| 7.1           | City                            | State                     | Zip                     |
| Phone:        |                                 |                           | <del></del>             |
| Email:        | Home                            | Cell                      |                         |
| Elliali.      |                                 |                           |                         |
| Category (in  | dicate all that apply):         |                           |                         |
| □ Student     | Athlete                         | □ Administrator           |                         |
| Coach         | oach   Community Member/Booster |                           | fember/Booster          |
| Team          |                                 |                           |                         |
|               |                                 |                           |                         |
| Sport(s) play | ved/coached @ LHS:              |                           |                         |
|               |                                 |                           |                         |
| Year Gradua   | ted or Years Coached:           |                           |                         |
| Years of con  | tribution to LHS Athlet         | ics (Administrator/Contri | butor/Community Member) |
| State Champ   | oionship Team:                  |                           |                         |
|               |                                 | Team                      | Year                    |
| Date of Retin | rement (if applicable):         |                           |                         |



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Please complete the following information about the nominee

| Deceased:   | □ Yes □ No             |                              |  |
|-------------|------------------------|------------------------------|--|
| If Deceased | , Please Provide Spous | se/Closest Living Relative's | Name:  |
| Address:    | Name                   |                              | Relationship   |
| 7 tuuress.  | City                   | State                        | Zip  |
| Phone:      | Home                   | Cell                         |  |
| _           |                        | _                            | nletic Awards/Honors Earned,<br>p Team, Other Contributions, |
|             |                        |                              |  |
|             |                        |                              |  |



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Please complete the following information about the nominee

| Post High School Accomplishments: Academic, Career, & Family Information  |
|---|
|   |
|   |
| Contributions to LHS Athletics: List significant contributions to the Lincoln High Schoo Athletic Department                              |
|   |
|   |
| Please outline why this candidate should be nominated for the Hall of Fame. Newspaper articles, programs, documents, etc. are encouraged. |
|   |
|   |

| Name      | Home Phone | Cell Phone |
|-----------|------------|------------|
|           |            |            |
| Address   |            |            |
|           |            |            |
| City      | State      | Zip        |
|           |            |            |
| Email     |            |            |
|           |            |            |
| Signature |            | Date       |

Please fill out each line/section. In the event you do not know the information requested please state "DO NOT KNOW".

Letters of recommendation are welcomed. Please include any information as to why the nominee should be considered by the committee for induction.

### Please return the completed form to

Lincoln High School Attn: Greg O'Connor 135 Old River Road Lincoln, RI 02865

**Submitted by:** 

Email: oconnorg@lincolnps.org