

VTHS Athletics Hall of Fame Nomination Form *ONLY REGISTERED MEMBERS MAY SUBMIT NOMINATION FORM*

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Information about Nominee

NAME		DATE
ADDRESS		
CITY, STATE,ZIP		
PHONE	EM	AIL
Please check the primary category	of nomination:	
ATHLETE		IBUTOR/VOLUNTEER/ADMINISTRATOR/OTHER
Summarize this person's accomplise recommendations and supportive		eam or contributor at VTHS (attach letters of
GRADUATION YEAR:	YE,	ARS AS COACH/CONTRIBUTOR/VOLUNTEER:
ATHLETIC ACCOMPLISHMENTS/HONORS/AWARDS: (While attending VTHS)		
CHAMPIONSHIPS:		
ATHLETIC ACCOMPLISHMENTS AFTER GRADUATION: (not necessary for induction)		
YEARS OF VARSITY LETTERS/include all sports		
OTHER:		
	pted. I also agree to cooper	t the nominee, with their permission, and that ate with the Board of Directors of the Vernon ion be requested.
NAME(please print)Signature:		
Mail Entry Forms to: Vernon Tow Attn: Williar		all of Fame

Vernon Twp High School, PO Box 800, Vernon, NJ 07462