Carlisle High School Athletic Hall of Fame Nomination Form

Hall of Fame Applicants Name:_____

Address:_____

City:_____

State:_____ Zip Code:_____

Telephone: _____

E-mail Address:_____

CATEGORY: (Please check all that apply)

High School Athlete_____Coach_____Contributor_____Team_____

1: **Athlete:_____**

Year Graduated from Carlisle High School:_____

College Attended:_____

Years Attended College:_____to_____

Supporting information that would qualify this person for the Carlisle High School Athletic Hall of Fame:

_____
_____
_____
_____
_____

2: **Coach:**_____

Carlisle High School Sport(s) Coached:

Sport: _____ Years: _____

Sport: _____ Years: _____

Sport: _____ Years: _____

Sport: _____ Years: _____

Supporting information that would qualify this person for the Carlisle High School Athletic Hall of Fame:

3: **Significant Contributor:**_____

Supporting information that would qualify this person for the Carlisle High School Athletic Hall of Fame:

4: **Team**:_____

Supporting information that would qualify this person for the Carlisle High School Athletic Hall of Fame:

Please attach any news articles or information that would be helpful to the committee in the selection process.

Name of Person Making Nomination: _____

Address:_____

City:_____ State:_____Zip:_____

Phone:_____

Email Address:_____

Date of Nomination:_____/_____/_____

SEND TO:

CHS ATHLETIC HALL OF FAME COMMITTEE
Todd Gordon
Selection Committee Chairman
Activities Office
430 School Street
Carlisle, IA 50047