WATERVLIET ATHLETIC HALL OF FAME

NOMINATION FORM

NOMINEE _____

NOMINEE'S HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

EMAIL ADDRESS _____

DIVISION OF NOMINATION: ☐ STUDENT-ATHLETE ☐ COACH
☐ ADMINISTRATOR ☐ ALUMNUS

WATERVLIET CLASS OF _____ SPORT(S) _____

DISTINGUISHING CONTRIBUTIONS / ACHIEVEMENTS:

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_____

_____

_____

_____

_____

_____

SUBMITTED BY (PLEASE PRINT) _____

SUBMITTER'S ADDRESS _____

SUBMITTER'S PHONE _____ FAX _____ EMAIL _____

SIGNATURE _____ DATE _____

The nomination form, a short resume/bio, and letter of recommendation are to be mailed to Director of Athletics, Watervliet City School District, 1245 Hillside Drive, Watervliet, NY 12189 or faxed to (518) 273-1707.