

# **NORTHWOOD HIGH SCHOOL**

## Athletic Hall of Fame Nomination Form

### I. NOMINEE INFORMATION

NAME:						
LAST	FI	RST	MIDDLE			
ADDRESS:						
STREET	CITY	STATE	ZIP CODE			
EMAIL ADDRESS:						
DATE of BIRTH:		Is nominee a NHS graduate?				
Name(s) of College(s) / U	niversity attended.					
1)						
2)						
Degree (Masters, Doctora	.te, etc)					
Years Attended/ Graduate	ed		-			
PHONE: ()		()				
НОМЕ		WORK / CELI	L			
If YES, Years attending N	JHS:	Year of Graduation:	(Must have			
graduated at least 4 years	prior to nomination)					

Nominated for contributions to NHS s (Please check all which apply)	sports program as a(n)	ATHLETE COACH ADMINISTRATOR VOLUNTEER		
NOMINEE'S ATHLETIC / CO	OACHING / SUPPOR	CTING ACHIEVEMENTS AT NHS		
Please feel free to attach additional st	upport pages about the no	ominee.		
Sport	Achievement	Date(s) Participated		
NOMINEE'S OTHER ATHLETIC / COACHING  College/University or Professional Achievement  Athletics		Date (s) Participated		
NOMINEE'S CIVIC / CHARITABLI	E ACTIVITIES	1		
Please list church, civic, or charitable	activities indicative of ex	emplary citizenship.		
.1)	4)			
2)	5)			
3)	6)			

#### II. Statement

Please type and attach a brief statement on why this person would be an excellent nominee for the Northwood High School Athletics Hall of Fame.

#### III. Sponsor Information (Person Making Nomination)

NAME:				
LAST	FIRST		MIDDLE	
ADDRESS:				
STREET	CITY	STATE	ZIP CODE	
EMAIL ADDRESS:				
PHONE: ()			ORK / CELL	
SIGNATURE:				
Please return this nomination considered for induction to	-	15th of the year in which you	wish the candidate to be	
]	Northwood High School			

Northwood High School ATTN: ATHLETIC DIRECTOR / HALL OF FAME 310 Northwood High School Rd. Pittsboro NC, 27312

\*YOU MAY ALSO SCAN ALL DOCUMENTS AND E-MAIL THEM TO CDVERNON@CHATHAM.K12.NC.US or JASONAMY@CHATHAM.K12.NC.US