



Athletic Hall of Fame

NOMINATION FORM... Please complete one form for each nomination.

Nominee's Name: _____

Current Address: _____

City: _____ State _____ Zip _____

Phone: _____ Graduation Year: _____

Nominee Category: Athlete _____ Coach _____ Supporter _____ Team _____

Sport(s) Played / Coached: _____

Reason this individual or team is worthy of induction into the PRHS Hall of Fame
(attach separate page if necessary for details)

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Nominating Person's Name: _____

Address: _____

City, State, Zip _____ Phone: _____

Date Submitted: _____ Date Received by Committee _____

Mail form to: PRHS Athletic Hall of Fame, 2 Park Ave, Park Ridge, NJ 07656