

GENOA HS ATHLETIC HALL OF FAME
TEAM NOMINATION SHEET

I WISH TO NOMINATE _____ YEAR _____

Nominator Info

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail: _____

Nominee Info (coach contact – a team roster is requested along with contact info)

Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail: _____

RECORD (overall & league)	STATE – DISTRICT HONORS	LEAGUE HONORS	OTHER HONORS	STAT HIGHLIGHTS	PLAYER HIGHLIGHTS

OTHER INFORMATION