

NOMINATION FORM
ROCK FALLS HIGH SCHOOL ATHLETIC HALL OF FAME
(Nominee's are eligible for consideration 10 years after graduation)

NOMINEE'S NAME _____ PHONE _____

CURRENT ADDRESS:

PARENT'S NAME _____ PHONE _____

ADDRESS: _____

NOMINEE'S BIRTHDATE _____ CURRENT AGE _____

DATE NOMINATION SUBMITTED _____

CAN YOU PROVIDE A PICTURE OF THE NOMINEE IN HIS/HER UNIFORM

_____ YES _____ NO

NOMINATION SUBMITTED BY _____

PHONE _____ RELATIONSHIP _____

HIGH SCHOOL INFORMATION

YEAR GRADUATED FROM ROCK FALLS _____

VARSITY LETTERS AWARDED IN:

SPECIAL ATHLETIC AWARDS:

SCHOOL RECORDS WHILE AT ROCK FALLS:

STATE LEVEL COMPETITION/PLACE FINISH:

ALL-CONFERENCE HONORS:

NATIONAL HONORS _____

COLLEGE INFORMATION

SCHOOL ATTENDED _____ LOCATION _____

YEARS ATTENDED _____ YEAR GRADUATED _____

SPORTS PLAYED _____

SPECIAL ATHLETIC HONORS IN COLLEGE:

NATIONAL HONORS _____

CAREER INFORMATION

OCCUPATION _____ EMPLOYED BY _____

SPECIAL OCCUPATIONAL HONORS OR ACCOMPLISHMENTS:

CIVIC ONFORMATION

SPECIAL HONORS OR DISTINCTIONS:

HOBBIES _____

FAMILY INFORMATION:

ADDITIONAL INFORMATION

**PROVIDE ADDITIONAL INFORMATION RELATIVE TO THE CANDIDATE'S
NOMINATION, WHICH YOU FEEL IS WORTHY OF THE SELECTION
COMMITTEE'S CONSIDERATION.**

