

Phillipsburg High School Wall of Fame Nomination Form

Information about nominee

NAME	
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Is the nominee deceased? (circle) YES NO

(If nominee is not deceased, please fill out address information below)

Address	
City, State, Zip	
Phone	

Information about person making nomination (list "self" if self-nominating)

Address	
City, State, Zip	
Phone	

Please list the gender of nomination (circle) Male Female

The following information is important to the selection process to ensure that the desired objectives of the induction process are satisfied.

(Application will NOT be accepted without this information)

Please list the primary category of nomination (circle)

Player Coach Contributor Administrator

Graduation year	
Years as Coach	
Accomplishments-	
Championships	
Other	
Other	

Summarize this person's accomplishments as a player, coach, administrator, or contributor at Phillipsburg High School.

I certify that I have truthfully completed this information about the nominee, with their permission, and that he/she will accept induction if accepted. I also agree to cooperate with the Board of Directors of the Phillipsburg Wall of Fame should additional information be requested.

Date: _____

Name: (Please print) _____ **Signature:** _____