NORTH ADAMS HIGH SCHOOL ATHLETIC HALL OF FAME
NOMINATION FORM

_____ _____
Name of Athlete Nominated **Year of Graduation**

_____ ( )_____
Current Street Address of Athlete **Phone Number**

_____ _____ _____
City **State** **Zip Code**

Please list the accomplishments and honors attained by this athlete while attending North Adams High School.

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Please list accomplishments and honors attained by this athlete after graduation from North Adams High School.

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The Hall of Fame Selection Committee will need your help in verifying the achievements and honors listed above. If you can provide copies of newspaper articles or other forms of verification, please send them with this nomination form. If you have no written form of verification, would you please indicate where or whom we may contact to verify the information on the nomination form.

_____
_____

_____
Name of Person Making Nomination

_____ ( )_____
Current Street Address **Phone Number**

_____ _____ _____
City **State** **Zip Code**

Please send completed nomination to:

Hall of Fame Nomination
Athletic Director, North Adams High School
96 Green Devil Drive
Seaman, Ohio 45679