



ALBANY HIGH SCHOOL
2018 HALL OF FAME NOMINATION FORM
Deadline: September 2017

Date _____

☐ Athletic Category

☐ Special Category

Name of Nominee _____ **Class of:** _____

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Email: _____

Varsity Sport(s) Played: _____

Year(s) Varsity Letter Earned: _____

Sport 1 _____ Sport 2 _____

Sport 3 _____ Honors: _____

Name and Relationship of Nominator: _____

Address: _____

City: _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Seconded by (Name and Relationship, may be a relative to 2nd): _____

Outstanding high school accomplishments: _____

Collegiate and/or professional athletic accomplishments: _____

Community or Professional Involvement _____