

Queen of Peace Athletic Hall of Fame Nomination Form

Your Name (Nominator) _____

Nominator's Information

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____ Class Year: _____

Name of Nominee _____

Please indicate nominee's category

Athlete (must be 5 years out of high school)

Athletic Director

Coach

Friend of Peace Athletics (ie: volunteers)

Team/Other _____

Nominee's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____ Class Year: _____

Sport _____

Academic Achievements:

Athletic Achievements:

Personal Awards:

Records/Statistics: