LIBERTY UNION HIGH SCHOOL DISTRICT ATHLETIC HALL OF FAME NOMINATION FORM

Category of Nomination: Please circle appropriate category(ies): Athlete Coach Manager Contributor Family Team Name of Nominee/Team/Family: Name of Person Making Nomination: Email address of Person Making Nomination:_____ Phone number(s) of Person Making Nomination: Date:_______Signature of Person Making Nomination: ______ REQUIREMENTS TO BE CONSIDERED FOR NOMINATION: 1. Nominee must be out of High School for 5 years 2. Individual Nominee must be 1st or 2nd Team All-League, Conference Champion, or NCS Qualifier **3. You MUST INCLUDE A PHOTOGRAPH (Individual Photo ~ when nominee was an athlete is preferable) (Team ~ team photo) **4. Team Applications must have the names of all athletes and coaches with current contact information. 5. Please mail completed application to: LUHSD Athletic Hall of Fame **DEADLINE: JULY 31** Selection Committee Chairman 929 Second Street Brentwood, CA 94513 **Incomplete applications or applications with no photo will not be considered for nomination. Please include press clippings that verify or document League Honors if available. You may duplicate application pages and/or attach additional information if needed. NOTE: If nominee is deceased, please use nearest relative's information Nominee email: Nominee address: City Zip Code State High School attended: Years: College or University: Years: Location:_____ Degree(s):_____ Current or Former Occupation (if retired): Names and addresses of others who would have further biographical information:

Individual Nominee: Please list, in chronological order, details of honors received due to sports activities (awards, letters, citations, etc). Please also list membership in sports organizations with offices held.

Family Nominee: Please list each family member and include the details of honors received due to sports activities in chronological order.

Team Nominee: Please list all honors earned by this team ~ conference placement, NCS placement, tournament honors, etc.

High School: College/Professional: For Team Nominations, please include coaches, athletes, and managers. Please include as much contact information as possible. If an athlete is deceased, please note after his/her name and put in the name of a survivor, their relationship, and the survivor's information. Incomplete applications will not be considered for nomination.

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<u>Coac</u>	ches:	Team and				
Coach's Name:		Coach's Phone :				
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Coad	ch's address:Stree	<u></u>	City	State	Zip Code	
Ass'					2.p code 2:	
	t. Coach's email:			. 00 00		
	t Coach's address:					
<u>Athl</u>	Stree etes and *Managers (*		City	State	Zip Code	
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3)						
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5)						
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Team	Nominee:					
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Team	Nominee:					
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