

# Viking Athletics

Bangor Public Schools Department of Athletics

801 W. Arlington \* Bangor, MI 49013 \* 269-427-6842 \* Fax 269-427-6890

## BANGOR HIGH SCHOOL SPORTS HALL OF FAME NOMINATION FORM

This form may be filled out by a person nominating someone or by the nominee him/herself. If you are nominating yourself a letter of recommendation must accompany this nomination form. **PLEASE ENCLOSE PRESS CLIPPING, A PICTURE IN UNIFORM, OR ANY OTHER INFORMATION THAT MIGHT HELP THE SELECTION COMMITTEE.** Be sure to indicate items that must be returned. Please understand that the selections committee will decide which nominees are inducted each year. **Application Deadline: Dec. 5, 2008**

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Check one: Former Athlete: \_\_\_\_\_ Former Coach: \_\_\_\_\_ Community Leader: \_\_\_\_\_

Year graduated from BHS: \_\_\_\_\_

Number of Varsity letters: \_\_\_\_\_ Sport Varsity letter earned in: \_\_\_\_\_

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Number of Varsity letters: \_\_\_\_\_ Sport Varsity letter earned in: \_\_\_\_\_

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Special honors: (Please list each sport separately and the number of times the award was given. Ex: Softball — all-conference 1<sup>st</sup> team 3 years)

Conference honors: \_\_\_\_\_

Regional honors: \_\_\_\_\_

State honors: \_\_\_\_\_

Statistical information (points, batting average, touchdowns, times run, etc.): \_\_\_\_\_

Academic honors (National Honor Society, GPA, etc.): \_\_\_\_\_

Other community or school activities: \_\_\_\_\_

\_\_\_\_\_

College or professional sports involvement or accomplishments: \_\_\_\_\_

\_\_\_\_\_

Coaching or professional sports involvement or accomplishments: \_\_\_\_\_

\_\_\_\_\_

Coaching experience and record: \_\_\_\_\_

\_\_\_\_\_

Contributions to BHS sports (other than as a participant or coach): \_\_\_\_\_

\_\_\_\_\_

**Personal Information:**

Spouse: \_\_\_\_\_ Children: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education after Bangor/Degree: \_\_\_\_\_

Other: \_\_\_\_\_

If nominee is deceased, who should be contacted (Spouse, children, etc.): Give address and phone number if available!

Signature of nominating person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:(    ) \_\_\_\_\_ Date: \_\_\_\_\_