**West Milford Township Athletic Hall of Fame Nomination Form**

*Information about Nominee*

|  |
| --- |
| NAME DATE |
| ADDRESS |
| CITY, STATE, ZIP |
| PHONE EMAIL  |

Information about person making nomination (list “self” if self-nominating)

|  |
| --- |
| NAME |
| ADDRESS |
| CITY, STATE, ZIP |
| PHONE EMAIL |

**Please indicate the gender of nomination (circle)**: **MALE FEMALE**

If deceased, please indicate date of death, as well as the Name/Address of the closest living relative in the summarize portion below..

The following information is important to the selection process to ensure that the desired objectives of the induction process are satisfied.

(Application will NOT be accepted without this information.)

**Please circle the primary category of nomination:**

**ATHLETE COACH TEAM CONTRIBUTOR/VOLUNTEER/ADMINISTRATOR/OTHER**

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| --- |
| GRADUATION YEAR: YEARS AS A COACH/CONTRIBUTOR/VOLUNTEER: |
| ACCOMPLISHMENTS/HONORS/AWARDS: (While attending WMTHS) |
|  |
| CHAMPIONSHIPS: |
| ACCOMPLISHMENTS AFTER GRADUATION: |
|  |
| YEARS OF VARSITY LETTERS/include all sports: |
| OTHER:  |

Summarize this person’s accomplishments as a player, coach, team or contributor at WMTHS (attach letters of

recommendations and supportive materials)

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I certify that I have truthfully completed this information about the nominee, with their permission, and that he/she will accept induction if accepted. I also agree to cooperate with the Board of Directors of the West Milford Township High School Hall of Fame should additional information be requested.

NAME (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail Entry Forms to: West Milford Township High School Athletic Hall of Fame

 ℅ Joe Trentacosta

 West Milford Township High School, 46 Highlander Drive, West Milford, NJ 07480