KINGSTON ATHLETIC HALL OF FAME

NOMINATION FORM

NOMINEE _____

NOMINEE'S HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL AND/OR HOME PHONE _____

EMAIL ADDRESS _____

DIVISION OF NOMINATION: (CIRCLE) Student-Athlete Coach Administrator Supporter

KINGSTON CLASS OF _____ SPORT(S) _____

DISTINGUISHING CONTRIBUTIONS / ACHIEVEMENTS:

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SUBMITTED BY (PLEASE PRINT) _____

SUBMITTER'S ADDRESS _____

SUBMITTER'S PHONE _____ FAX _____ EMAIL _____

SIGNATURE _____ DATE _____

This nomination form, a short resume/bio, and letter of recommendation are to be mailed to:

Director of Physical Education, Health and Athletics
Kingston High School
403 Broadway
Kingston, NY 12401