

HODAG ATHLETIC HALL OF FAME
NOMINATION FORM

Name of Candidate: _____

RHS Graduation Year: _____

Nominated by: _____ Date: _____

Fill this out to the best of your ability. The committee will verify the information.

ATHLETIC

RHS:

Sports and years lettered _____

Team Awards (year) _____

Honors (year) _____

Records held (year) _____

Team Records & Honors _____

Other _____

Post RHS:

Include the name of college or organization with the same information as above. _____

NON-ATHLETIC

Honors _____

RHS Activities/ Positions _____

Community Activities/Positions _____

Other _____

CURRENT INFORMATION

Activities: _____

Career: _____

Family: _____

This Section for Selection Committee

Verified By: Name _____ Date _____
Comments _____

Induction Eligible Year (10 years post grad.): _____

Consideration Category: ___ Strongly Considered
 ___ Moderately Considered
 ___ Mildly Considered
 ___ Not Considered

Selection Committee Comments:

Committee Members:
