BELLEFONTAINE HIGH SCHOOL ATHLETIC HALL OF FAME
ATHLETIC TEAM NOMINATION FORM

Athletic Team _____

Year _____

Outline reasons why you wish to nominate the above named athletic team.

Athletic Team's accomplishments:

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Other Comments: _____

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Name of Nominee's Coach(es) _____

Your Name _____

Your Address _____

Your Phone _____

Date _____

Please fill in each line. In event that you do not know the requested information, please state "don't know".

Mail or submit this form to: **Athletic Director, Bellefontaine High School, 555 East Lake Avenue, Bellefontaine, Ohio 43311.**

Criteria forAthletic Team Inductee:

Team - A Bellefontaine High School Athletic Team that achieved and performed at the highest level of competition i.e. state appearance, regional championship or district championship. A team shall become eligible for consideration 10 years following the year of accomplishments for which they are being nominated. Each team will be treated as a single candidate.