

St. Vincent-St. Mary High School

ATHLETIC HALL OF FAME

Nomination Form

(please print)

Name of Nominee _____

Address _____

City, State & Zip _____

Years attended, sports letter, coached or served at St. Mary, St. Vincent, and/or STVM:

Honors Received: _____

In your opinion, why is this nominee worthy of the Athletic Hall of Fame?

Name of person making nomination: _____

Others who could provide information about this nominee:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

If more space is needed, please attach an additional sheet of paper.

Please mail completed form to:
St. Vincent-St. Mary Athletic Booster Club
Athletic Hall of Fame
Attn: Athletic Director's Office
15 N. Maple Street
Akron, Ohio 44303