



Athletics Hall of Fame Nomination Form

Name of Nominee: _____

Male: _____ Female: _____

Current Address: _____

Home Phone: _____ Cell Phone _____

Email: _____

Nomination Category:

() Former SPS Athlete

Year of Graduation: _____ School: _____

Sport(s): _____

() Team

Year of Graduation: _____ School: _____

Sport(s): _____

() Former Coach/Administrator/Sport/Title/

Position Held: _____

Years of Service: _____

() Contributor/Donor

Significant Contributions to the SPS Athletic Program:

Rationale for Nomination:
