

Elmira Southside High School Hall of Fame

ATHLETE NOMINATION FORM

Date Submitted:

Last Name: First: Maiden:

Street: City: State:

Zip Code: County:

Home Phone: Work Phone: Cell Phone:

E-Mail: School Attended:

Years in High School: Year Graduated:

EMPHASIS IS ON HIGH SCHOOL ACHIEVEMENTS ONLY

Varsity Sports	No. of Years	Years Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Recognition (League All Star-All State-All American, etc.)

Sport	Classification	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Established Records (League, Sectional, State, National, etc.)

Classification	Sport	Year	Record
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

