## **Croswell-Lexington Athletic Hall of Fame Nomination Form**

Name of Nominee(s):	Phone Number/Email:
Nomination Category: Athlete Coa	ch Contributor
Sport (s):	
Year(s) Graduated/Coached/Contributed	
All State: Y/N Details, if yes	
Documented accomplishments at Croswell-L feats, all-conference, captain, 4 year starter, Croswell-Lexington Athletic Program.	
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Accomplishments after Cros-Lex- details on college, Olympic, Pro sports feats or lifetime resume-	
Please, include all names on a team submission-	players and coaches.
Submitter's Name:	Contact Number:

Return to: jkosal@croslex.org or mail to: Cros-Lex High School, % Athletic Director, 5461 E. Peck Rd. Croswell, MI 48422