

PLEASE TYPE

**BUTLER AREA SCHOOL DISTRICT
ATHLETIC HALL OF FAME ASSOCIATION
NOMINATION FORM**

[Eligibility for nomination cannot be granted for a minimum of ten years following graduation of the class.]

NAME: _____ DATE SUBMITTED: _____

CATEGORY (Pick One): _____ STUDENT ATHLETE
_____ COACH or ADMINISTRATOR
_____ TEAM (TEAM SPORT _____ YEAR _____)
PLEASE LIST NAME OF PERSON FOR "TEAM"
CONTACT ABOVE AND CORRESPONDING
CONTACT INFORMATION BELOW

ADDRESS: _____

YEAR OF GRADUATION FROM BUTLER (IF APPLICABLE): _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ DATE DECEASED (IF APPLICABLE): _____

IF DECEASED, ACCEPTOR OF NOMINATION: _____

ACCEPTOR'S RELATIONSHIP TO DECEASED: _____

ACCEPTOR'S PHONE: _____ EMAIL: _____

High School Athletic Accomplishments/ Awards/ Honors

1. Varsity Sport _____

Dates Played/ Coached _____

Honors:

2. Varsity Sport _____

Dates Played/ Coached _____

Honors:

3. Varsity Sport _____

Dates Played/ Coached _____

Honors:

Post-Secondary Athletic Accomplishments/ Awards/ Honors

1. Sport _____

Dates Played/ Coached_____

Honors:

2. Sport _____

Dates Played/ Coached_____

Honors:

3. Sport _____

Dates Played/ Coached_____

Honors:

ADDITIONAL COMMENTS

I hereby state that the information submitted on this form is factual.

Print Name *Signature*

If a resume is prepared, please attach to this document

An application/ nomination will remain active for three years. If a nominee is not inducted, the nomination will automatically become inactive. It is the responsibility of the nominator to update applications and re-submit forms if needed.

**Kindly return applications to:
Butler Athletics
Butler Senior High School
120 Campus Lane
Butler, PA 16001**