



Nomination Form

Date Submitted: _____ Submitted by: _____

Submitter's Contact Info (address, phone, email): _____

Person Nominated: _____

Nominee Contact Info (address, phone, email): _____

Category: Athlete Coach *(Please fill out one form for*
 Team Contributor *each nomination)*

Background Information on Nominee:
Year graduated/retired from OHS: _____ or year of accomplishment: _____
Years attended/served OHS: _____ to _____
Sports participated in/coached at OHS:

Olivet HS Athletic Honors/Special Recognition:

Records Established/Held at Olivet HS:

Post-High School Activity:
College: _____ Years: _____ to _____
Sport(s): _____
Achievements: _____

ATHLETIC HALL OF FAME OLIVET HIGH SCHOOL

Summary Statement (additional comments supporting nominee for recognition):

Nomination Timeline: Open through April 30

Submit nominations to:

Matt Seidl
Athletic Director
Olivet High School
255 First Street
Olivet, MI 49076
seidlm@olivetschools.org