

OWOSSO ATHLETIC HALL OF FAME

NOMINATION FOR AN INDIVIDUAL/SPECIAL SERVICE

**PLEASE ATTACH ANY RELEVANT INFORMATION (I.E. NEWSPAPER ARTICLES).
DIGITAL PHOTOGRAPH(S) REQUIRED WITH NOMINATIONS**

Nominee _____ Sport(s) _____

Address _____

Coach/Other _____ Athlete _____

Living/Deceased _____ Phone _____

Outstanding **High School** Achievements

Outstanding Achievements **Beyond High School** (College, Professional etc...)

This nomination submitted by _____ Date _____

Address _____

Phone _____

Complete **individual/special service** nomination form and return to:
Owosso Athletic Hall of Fame
c/o Gary Hrncharik
765 E. North St, Owosso, MI 48867

OWOSSO ATHLETIC HALL OF FAME

TEAM NOMINATION

**PLEASE ATTACH ANY RELEVANT INFORMATION (I.E. NEWSPAPER ARTICLES).
DIGITAL PHOTOGRAPH(S) REQUIRED WITH NOMINATIONS**

Team Nominee _____ Sport _____

Contact Person _____ Address _____

Phone _____ Coach _____

Outstanding High School Team Achievements

Team Members

This nomination submitted by: _____ Date: _____

Address: _____

Phone: _____

Complete **team** nomination form and return:
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c/o Gary Hrncharik
765 E. North St., Owosso, MI 48867