

GOFFSTOWN HIGH SCHOOL HALL OF FAME NOMINATION FORM

NOMINATOR NAME: _____ NOMINATOR PHONE: _____

NOMINEE NAME: _____

STREET: _____

CITY/STATE/ZIP: _____ HOME TELEPHONE: _____

_____ WORK: _____ PLEASE CHECK THE APPROPRIATE

NOMINATION CATEGORY: STUDENT ____ STAFF ____ CONTRIBUTOR ____ THREE

REFERENCES WHO COULD SUPPORT THIS NOMINEE:

1) NAME: _____

HOME TELEPHONE: _____ WORK: _____

2) NAME: _____

HOME TELEPHONE: _____ WORK: _____

3) NAME: _____

HOME TELEPHONE: _____ WORK: _____

The person making this nomination must include a rationale in support of the nominee on the reverse side of this form.

ALL NOMINATIONS MUST BE RECEIVED BY JANUARY 31

MAIL OR DELIVER TO:

Goffstown High School High School Hall of Fame Nomination c/o Athletics 27
Wallace Road Goffstown, NH 03045