ATHLETE



Date of Nomination:
Complete form and submit to your OATCCC District Rep by June 30 th .
Type or Print using blue or black ink.
(do not submit additional pages – anything additional will not be considered)

Nominee Information

Full Name				
Street Address				
City / State / Zip Code				
Phone				
Email				
Nominee Deceased?	□ Yes	□ No		
If deceased, name and				
contact info of nearest				
relative or contact				
High School / Grad Year				
Coached by				

State Meet Performances

Event	Time/Mark	Place	Year	

HALL OF FAME APPLICATION **ATHLETE**



Nominee Name:	Nominee Name:							
Post-High School Performances								
College or								
Pro Affiliation	Meet Name	Event	Time/Mark	Place	Year			
	+							
			'					
Other athletic a	nd noteworthy ac	complishments	5:					
	OATCCC Use Only							
Rep								
Nominator				Dist #				
Phone #		Email						
Rep								
Signature								