

## **NOMINATION FORM**

## **BIOGRAPHICAL INFORMATION**

Date:		
Name (maiden name if female):		Year Graduated:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phor	ne:
Email Address;		
Nominator's Name:		Phone:
Email Address:		
ATHLETIC INFORMATION  Sports participated in at Durfee Hisport.	gh School. List in order o	f excellence if more than one
<u>Sport</u>	Years Played	<u>Coach</u>

ATHLETIC STATISTICS
Describe your yearly and career statistics, to the best of your knowledge, in each sport
AWARDS/CITATIONS
All awards listed must be documented and copies must be attached to this form.
examples: newspaper articles, copies if certificates, citations and awards.
<del></del>
Please provide any pertinent information that you deem necessary to assist in the

committees' evaluation.

## Please return completed nomination forms to:

Durfee Athletic Hall of Fame

C/o Athletic Director/BMC Durfee High School

360 Elsbree Street

Fall River, MA 02720

DEADLINE: NOMINATION SHEETS MUST BE RETURNED BY FEBRUARY 1<sup>ST</sup>