



Blue Hays

Athletic

Center

RS

Name of Nominnee _____ Class _____

Nominnee's Present Address _____ Phone _____

Date of Nomination _____

Category (Please place an X by the category)

_____ Athlete _____ Coach _____ Administrator

_____ Distinguished Service Award

We do not feel this person qualifies for nomination for the Blue Hays High School Athletic Hall of Fame should be selected. Please include any facts, figures, special honors, anecdotes or other material which will be of assistance to the selection committee. Selections will be made on the basis of athletic performance, leadership, character and service.

(Be sure side of form if necessary)
This nomination will remain active for a period of three (3) years.

Information of person making nomination:

NAME _____

PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CODE _____

Please return to the Office of the Principal, Blue Hays High School, 2810 Lane, Blue Hays, Ohio 43055