

HALL OF FAME NOMINATION FORM

Nominee _____ Maiden Name: _____

Year of Graduation: _____ Phone Number: _____

Email: _____

Nominee's Address: _____

City: _____ state: _____ Zip Code: _____

Your Name: _____

Address: _____

City: _____ state: _____ Zip Code: _____

Rhone Number: _____ Email: _____

PLEASE Complete **AS MUCH INFORMATION** REGARDING THE **NOMINEE** AS POSSIBLE

Nominee's Name: _____

Year of Graduation: from **TRHS**: _____

Athletic participation in high school (number of varsity letters, **honors won**, years of participation)

other athletic contributions to TRHS (Coaching, Outstanding teams)

College/University Attended: _____

Year of Graduation: _____

College Athletic Accomplishments: _____

Post Graduate School Attended: _____

MAIL FORMS TO
Triton Regional High School
Attention Athletic Office
250 Schubert Avenue
Runnemede, NJ 08078