

DCHS

Cardinals



D-CHS
Chargers



ICHS

Vikings



NOMINATION FORM for
The DUNDEE-CROWN ATHLETIC HALL OF FAME

Person submitting name of nominee of individual or team (please print)

[Note: Athletes and teams have to have graduated a minimum of five (5) years to be nominated, and nominations will be considered for a minimum of 5 years.]

Your Name _____
Your address _____

Your Phone _____
Date Submitted _____

Nominees Background (Please answer as completely as possible)

(1) Nominees Name/Team _____
High School Attended _____ Year(s) _____

(2) Check which of the following apply about your nominee;

____ Athlete is former State Champion ____ Athlete is former Outstanding Athlete
____ Athlete/Team received All State Recognition ____ Athlete achieved much after high school
____ Individual is/was Outstanding Coach ____ Individual has been strong backer of athletics

(3) If the nominee is an individual, what is his/her mailing address? Please include a family members address if the nominee is deceased.

_____ Phone () _____

(4) Do you have a photo of the individual/team? Yes No

(5) What sport(s) did the individual/team participate in? (If Team list only one)

(6) List all honors that you are aware of that were given this individual/team.

(7) For individuals only. Briefly describe any details if the athlete participated in college/professional athletics.

