

Newell School District 9-2
HALL OF FAME NOMINATION FORM

DEADLINE FOR NOMINATIONS – April 12th

Name _____
Last (Maiden) First Middle Nickname

Address _____
Street City State Zip

Phone Number: _____

Dates Attended Newell School From _____ to _____

Dates Employed at Newell School From _____ to _____

This person is being nominated based on their _____ Activity Participation
_____ Coaching/Advisor
_____ Contributions to NHS Athletics

On a separate sheet of paper briefly summarize the following:

- Activities coached or participated in
- Honors and recognitions received in high school for participation/coaching
- Post-high school participation in athletics
- Contribution to NHS Athletics

Include statements on why this person should be included in the Hall of Fame.

NOMINATOR: _____

Address: _____
Street City State Zip

Phone Number _____

Please mail completed nomination to:

Newell School District
Attn: Hall of Fame
PO Box 99
Newell, SD 57760
Phone (605) 456-2393
Fax (605) 456-2395