Elmira Free Academy Hall of Fame

ATHLETE NOMINATION FORM

Date Submitted:				
Last Name:	First:		Maiden:	
Street:	City:		State:	
Zip Code:	County:			
Home Phone:	Work P	hone:	Cell Phone	
E-Mail:	School A	School Attended:		
Years in High School:	Year Gr	Year Graduated:		
EMPHA	SIS IS ON HIGH S	CHOOL ACHIEVE	MENTS ONLY	
Varsity Sports	No. of Years	-	Years Completed	
Special R Sport	ecognition (League A	- All Star-All State-All - -	American, etc.) Year	
Establia Classification	shed Records (Leagu Sport	Year	National, etc.) Record	

Comments on Individual Records:				
Primary emphasis is on High Sc	hool Achievements			
(Such as football-TD's; basketball sco	oring, rebounds; baseball hitting	g average, pitching, etc.)		
Other pertinent information:				
Achievements Beyond High School: (i.e. College, Prep School, Professional, Career, etc.)				
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IF NO RECORDS ARE AVAILABLE, PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.				
To the best of my knowledge, the above information is correct:				
Last Name:	First:	Maiden:		
Street:	City:	State:		
Zip Code:	County:			
Home Phone:	Work Phone:			
Cell Phone:	E-Mail:			
Please return this application b	by April 5, 2015 to the add	dress below OR e-mail to		
tmorrell@elmiracityschools.com Booth Educational Center	n			
c/o Tom Morrell				

414 Davis St.

Elmira, NY 14901