

Constantine Athletic Hall of Fame Nomination Form

Name of Nominee _____

Address _____
(Street)

(City) (State) (Zip)

Telephone/Email _____

Category (circle) Athlete Coach Team Community/School Leader

Athlete's Year of Graduation _____

Coaching Experience at CHS _____
of years Team level Sport What years?

Constantine Sports Achievements:

<i>Sport</i>	<i>Year</i>	<i>Honors (School, League, State)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extra Curricular Involvement: (Clubs, Offices Held, Volunteer Work, Community Service)

Post Graduate Achievements: (College, Armed Forces, etc.)

Military/Branch: _____ *Years of Service:* _____

Honors: _____

College: _____ *Years Attended:* _____

Degrees: _____

Sports: _____ *Years Played:* _____ *Honors:* _____

Contributions to Constantine Athletics:

Current Place of Employment: _____

Number of years: _____ **Responsibility:** _____

Closing Comments: _____

Nominated by: _____

Address: _____

Telephone: _____ **Email:** _____

Please supply your personal information so that we can contact you for any further information needed. Please return this nomination with pictures or other information to the Athletic Director's Office by May 1st of each calendar year.

**Athletic Director
Constantine High School
260 West Sixth St.
Constantine, MI 49042**