Quabbin Regional High School Athletic Hall of Fame
Nomination Form

Nominee Name: _____ Class of _____

Nominee Address: _____ Town: _____ Zip: _____

Nominee Phone(s): _____ _____

Please complete the information below as thoroughly as possible. The more you can contribute the better. If you are not sure of some of the information, please do the best you can. The committee will research the nominee as thoroughly as possible before the selection process. Use the back of the form or attach documentation if necessary.

Individual Nominated as:

- ☐ **Athlete** (must be out of school for at least 10 years)
- ☐ **Coach** (must be retired from coaching that sport)
- ☐ **Contributor**

What Sport(s)	**Honors**
_____	_____
_____	_____
_____	_____
_____	_____

Briefly describe why this candidate is deserving of induction into the QRHS Hall of Fame:

_____

_____

_____

_____

_____

_____

Name of Nominating Party: _____

Nominator Address: _____ Town: _____ Zip: _____

Nominator Phone(s): _____ _____

Please attach any news articles or other information that would be helpful to the committee during the selection process. **Nominations must be postmarked by March 1, 2019.**

Please return to:

QRHS Athletic Hall of Fame
c/o Mark Miville
800 South Street
Barre, MA 01005