ECS ATHLETIC HALL OF FAME NOMINATION FORM

Dixon - Israel / Eaton High Schools

NOMINATE A	ГЕАМ:	
Sport:	Event:	
Year:	Coach:	
Circle: Dixon-Israel	High School (DIHS) or	Eaton High School (EHS)
Contact person(s) fo	r team	phone(s):
NOMINATE AN	N ATHLETE or NO	OMINATE A COACH:
First Name of nomin	nee	circle: coach or athlete
Maiden Name of no	minee	
Last Name of nomin	iee	
Nominee Address		
Nominee Telephone		<u> </u>
Coach: Coached at I	EHS or DIHS? years	s coached
Athlete: Graduate of	EHS or DIHS? y	ear
Please note: Is the no	ominee living or dece	ased?
If deceased please p	rovide name and contac	t information for closest living relative:
Name:		Phone:
Person submitting	application, please pro	vide the following information:
Name	Address	
Position	Pho	ne
consider for nomina		its and statistics that the executive committee will ll of fame. (This could include Xerox of certificate, es, etc.)**

Please send nomination/sponsorship form to:

Eaton High School Athletic Hall of Fame c/o Athletic Director 600 Hillcrest Drive Eaton, Ohio 45320 tgrimm@eaton.k12.oh.us