TRENTON SPORTS HALL OF FAME APPLICATION

NAME OF CANDIDATE:_____

HOME ADDRESS:_____

CITY, STATE & ZIP_____

TELEPHONE:_____ **BIRTHDATE:**_____

****

ATHLETIC ACCOMPLISHMENTS: (High School, College, Amateur, Professional)

_____

_____

Use back of form if more room is needed.

****

COACHING, OFFICIATING, DIRECTOR, SUPERVISORY, INSTRUCTOR EXPERIENCES, ETC.

_____

_____

Use back of form if more room is needed.

****

SERVICE TO COMMUNITY (Service Clubs, Volunteer Work, Etc.)

_____

_____

Use back of form if more room is needed.

****

SPECIAL HONORS & RECOGNITIONS: (All City, All State, All Area, Etc.)

_____

_____

Use back of form if more room is needed.

****

LETTERS OF RECOMMENDATIONS: (Recreation or Athletic Director, Coach, Mayor, Etc.)

_____

_____

Letters may be attached.

****

PERSON NOMINATING THIS CANDIDATE:_____

(Can be filled out by either Candidate or Sponsor)

DATE RECEIVED:_____ **BY:**_____