

# **LEWISTON-PORTER ATHLETIC HALL OF FAME NOMINATION FORM**

I, as coach, feel that the student-athlete mentioned on this nominating form, may have the credentials necessary for Hall of fame consideration. I understand that the athlete is not eligible for five years after graduation; however I would like to have this form placed in the Hall of Fame files.

**Coach:** \_\_\_\_\_

**Sport(s):** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Class of:** \_\_\_\_\_

**Student's current address and phone number:**

**League, Sectional, State Honors:**

**Specific statistical highlights:**

**Specific leadership roles (captain):**

**Academic highlights:**

**Other information:**

**Please include any additional thoughts:**

**\*\*\*Please return to Lewiston-Porter Athletic Director\*\*\***