

NOMINATION FORM

TRACY SPORTS HALL of FAME

Name of Nominee: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Spouse _____ Children _____

If potential nominee is deceased, give date of death _____

Names, phone number, and email of who would have further biographical information:

Date of birth _____ Place of birth _____

Residence in Tracy area: from _____ to _____

School attendance: Elementary: _____ from _____ to _____

High School: _____ from _____ to _____

College: _____ from _____ to _____

Category of Nominee Athlete

Coach/Athletic Administration

Contributor

Team

Family

Honors and achievement of career in Tracy: _____

Honors and achievement of career outside of Tracy: _____

Other Considerations: _____

The above person is hereby suggested as a possible nominee to the Tracy Sports Hall of Fame. It is understood that I will be notified if the person does not qualify at present and that I may submit the name at a future date.

Nominated by: _____ Phone: _____

Address _____

City _____ State: _____ Zip: _____

Email: _____

Date: _____ Signature _____

Return completed nomination forms to P.O. Box 1278, Tracy CA, 95378