Carson Athletic Hall of Fame Nomination Sheet

LAST



Nominee Information

Full Name: FIRST

Maiden Name (if applical	ole):	
Address:		
City: State: ZIP:		
E-mail:	Phone:	
Please list the sports in	which the nominee participated:	
Basketball	Track & Field	Golf
Baseball	Swimming	Coach
Softball	Soccer	
Football	Cross Country	
Volleyball	Tennis	
HS Graduation year:	College/ University Atte	nded:

Additional Information

Please list all the available awards and honors (both academic and athletic) earned by the nominee:

Please list the recent employer and employment information of the nominee. If the nominee is retired, please list the year of retirement and the last active place of employment of the nominee:

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Please list any post-graduate experience of the nominee and any community involvement completed by the nominee:
Please list any additional comments regarding the nominee:
TO THE INDIVIDUAL NOMINATING THE ATHLETE: Please list your name and provide your mailing address, e-mail address and any telephone numbers at which you can be contacted:
Please return completed form to: chermace@sbcglobal.net . Contact phone: 310.367.7820