

GOFFSTOWN HIGH SCHOOL HALL OF FAME NOMINATION FORM

NOMINATOR NAME: \_\_\_\_\_ NOMINATOR PHONE: \_\_\_\_\_

NOMINEE NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

WORK: \_\_\_\_\_ PLEASE CHECK THE APPROPRIATE NOMINATION CATEGORY:

STUDENT \_\_\_\_ STAFF \_\_\_\_ CONTRIBUTOR \_\_\_\_ THREE REFERENCES WHO COULD SUPPORT

THIS NOMINEE:

- 1) NAME: \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_
- 2) NAME: \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_
- 3) NAME: \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

The person making this nomination must include a rationale in support of the nominee on the reverse side of this form.

ALL NOMINATIONS MUST BE RECEIVED BY JANUARY 31

MAIL OR DELIVER TO:

Goffstown High School High School Hall of Fame Nomination c/o Athletics 27 Wallace Road Goffstown, NH 03045