



DELAWARE HAYES HIGH SCHOOL ATHLETIC HALL OF FAME

NOMINATION FORM

PACERS

Name of Nominee_____Class_____

Nominee's Present Address_____Phone_____

Date of Nomination_____

Category (Please place an "X" by the category)

_____Athlete _____Coach _____Administrator

_____Distinguished Service Award

Why do you feel this person you are nominating for the Delaware Hayes High School Athletic Hall of Fame should be selected? Please include any facts, figures, special honors, anecdotes or other material which will be of assistance to the selection committee. Selections will be made on the basis of athletic performance, leadership, character, and service.

(Use reverse side of form if necessary)

This nomination will remain active for a period of three (3) years.

Information of person making nomination:

NAME_____

PHONE_____

ADDRESS_____

CITY_____ STATE_____ ZIP
CODE_____

Please return to the Office of the Principal, Delaware Hayes High School, 289 Euclid Avenue, Delaware, Ohio 43015