



STOCKTON ATHLETIC HALL OF FAME NOMINATION FORM

NOMINEE/TEAM/FAMILY _____

CATEGORY OF NOMINATION (please circle appropriate category(ies))

Athlete Coach Administrator/
Benefactor Team Support Staff Family Other

PERSON MAKING NOMINATION:

Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: Home _____ Cell _____

Signature: _____

NAME OF CANDIDATE/TEAM:

Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: Home _____ Cell _____

Date of Birth: _____ Birthplace: _____

Name of Spouse: _____ Names of Children: _____

Note: If nominee is deceased, please give names and addresses of relatives who might have information on the nominee

Nominee resided in the Stockton area: From: _____ Thru: _____

School Attendance

Elementary: _____ Location: _____ From: ____ Thru: ____

High School: _____ Location: _____ From: ____ Thru: ____

Community College: _____ Location: _____ From: ____ Thru: ____

College/University: _____ Location: _____ From: ____ Thru: ____

Degrees Earned (please circle): AA BA BS MA MS OTHER (specify)

Occupation _____

If retired, give former occupation _____

NOMINATION INFORMATION

1. Complete Nominee, Team, or Family Information on Nomination form. Special Note: With nomination of Team or Family, please include names, addresses, phone #s for the Selection Committee.
2. Along with nomination, write a brief cover letter that summarize nominee, team, or family accomplishments for the Selection Committee's review.
3. Submit a chronological outline that profiles nominee, team, or family accomplishments, honors and highlights. This include dates, organization, team, etc.
4. Must include a good quality photograph of nominee, team, or family that is current or during competition time.

**IMPORTANT – ALL APPLICATIONS WILL
ONLY BE CONSIDERED AND REVIEWED
BY SELECTION COMMITTEE WITH
QUALITY GLOSSY PHOTOGRAPH**

- Selection committee preference is color picture; however, will take black/white.
- Supplement or support documentation can be requested by Selection Committee.

Send all completed forms and mail to:

Stockton Athletic Hall of Fame Board Member Contact Person:

Board Member's Name: _____

Address: _____ City/State/Zip: _____

Phone #: _____