

THE FLAGLER COLLEGE ATHLETIC HALL OF FAME NOMINATION FORM

(PLEASE PRINT)

CANDIDATES' NAME: _____

PRESENT ADDRESS: _____

TELEPHONE: HOME _____ BUSINESS _____

BORN (WHERE & WHEN): _____

HIGH SCHOOLS ATTENDED: _____

PARTICIPATED IN WHAT SPORTS AT FLAGLER: _____

YEARS PARTICIPATED AT FLAGLER: _____

KEY ATHLETIC ACHIEVEMENTS AT FLAGLER (SPECIAL HIGHLIGHTS, INDIVIDUAL RECORDS,
ETC.): _____

EXTRACURRICULAR ACTIVITIES: _____

COLLEGE DEGREE(S)-(TYPE OF DEGREE, YEAR): _____

OCCUPATIONS AFTER GRADUATING & PRESENT OCCUPATION: _____

MARRIED (WHEN, WHERE, TO WHOM): _____

CHILDREN: _____

ADDITIONAL COMMENTS OR INFORMATION (ANY PERSONAL OR PROFESSIONAL ACHIEVEMENTS
OF WHICH WE SHOULD BE AWARE.): _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

DATE SUBMITTED: _____

Please mail this completed form to Flagler College Department of Intercollegiate Athletics, P. O. Box 1027, St. Augustine, FL 32085-1027. Thank you.