AuSable Valley Central School
Hall of Fame Nomination Form

Eligibility Requirement: Nominee must be out of high school for a minimum of ten (10) years.
Deadline: Nomination form and attachments are due by April 30th

Name of Nominee: _______________________________
Current Address: _______________________________
Email Address: _______________________________
Phone Number: _______________________________

Year Graduated: _______________________________
School Graduated: Keeseville, Au Sable Forks, AuSable Valley

Please check the appropriate category:
_____ Athlete  ______ Coach  ______ Other significant contributor to athletic program

Please provide the committee with the appropriate information about the nominee. You are encouraged to include letters of support from former teachers, coaches, or community members regarding his/her leadership abilities and outstanding individual qualities.

If athlete or coach, list sport(s) and year(s) of participation:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Outstanding athletic achievements and/or contributions (provide supporting documentation if available):
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Post-season awards and/or honors:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Individual Submitting Nomination:
Name: _______________________________
Address: _______________________________
Email: _______________________________
Phone: _______________________________

Signature: _______________________________ Date:_______________

Return completed form and attachments to:

AuSable Valley Central School or Scott Bombard
Attention: Director of Athletics 353 Fern Lake Road
1490 Route 9N Au Sable Forks, NY 12912
Clintonville, NY 12924