

**COUNCIL ROCK SCHOOL DISTRICT
HALL OF FAME NOMINATION FORM**

CANDIDATE'S NAME _____ DATE _____

NOMINATED BY _____ TELEPHONE NO. _____

CANDIDATE'S ADDRESS _____

CANDIDATE'S SPORT OR SPORTS _____

I. AS AN ATHLETE AT COUNCIL ROCK:

a. Dates of participation (years) _____

b. Position _____

c. Special Accomplishments _____

d. Year of Graduation _____

e. High School Attended _____

II. AS A COACH AT COUNCIL ROCK:

a. Sport or Sports _____

b. Years (dates) _____

c. Win-Loss Record _____

d. Championships Won _____

e. Other Special Accomplishments _____

Mail or Fax to:

COUNCIL ROCK HIGH SCHOOL SOUTH
2002 Rock Way, Holland, PA 18966
Phone 215-944-1103
Fax 215-944-1143

OR

COUNCIL ROCK HIGH SCHOOL NORTH
62 Swamp Rd., Newtown, PA 18940
Phone 215-944-1300
Fax 215-944-1388