



Mishawaka High School

Athletic Hall of Fame Nomination Form

Nominee's Name: _____

Street Address: _____

State & Zip Code: _____

Phone: () _____

High School Graduation Date: _____ School: _____

Why do you feel that this nominee is worthy of selection into the Mishawaka High School Athletic Hall of Fame?

Nominator's Name: _____

Street Address: _____

State & Zip Code: _____

Phone: () _____

A more detailed application form will be required by the nominee if not deceased. If deceased, please provide the name of the individual who could best fill out the comprehensive application.

Please return by **December 15** to:
Mishawaka High School Athletic Department
1202 Lincoln Way East
Mishawaka, IN 46544