



# ATHLETIC HALL OF FAME TEAM NOMINATION FORM

### Team Nominee

*(Supply as much information as possible)*

Sport \_\_\_\_\_ Year \_\_\_\_\_

Head Coach \_\_\_\_\_

Captain(s) \_\_\_\_\_

*Please summarize the accomplishments of the team. You may also provide your information on a separate sheet.*

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### Nominator

Name \_\_\_\_\_ Year of Graduation(if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Day Phone \_\_\_\_\_

*Check here if you do NOT wish to be publicly recognized as the Nominator*

By **August 31st**, scan and email or mail the completed form to:

Jenna Goworowski  
ICCP Director of Alumni & Special Events  
217 Cottage Hill Ave  
Elmhurst, IL 60126  
jgoworowski@iccatholicprep.org

**Questions?** Call (630) 530-3491

For Office Use Only:

#### **Titles**

- Conference
- Regional
- Sectional
- State

Other \_\_\_\_\_