



COLLEGE OF MARIN ATHLETIC HALL OF FAME OFFICIAL NOMINATION FORM

Nominee Personal Information:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Birth Date: _____ Birth Place: _____

Nominee Athletic Information:

Sport: _____ Coach: _____

Position(s): _____

Years Played: _____

Second Sport: _____ Coach: _____

Position(s): _____

Years Played: _____

Athletic achievements/records: _____

Academic achievements/awards or contributions: _____

Special Qualities and interesting facts about the nominee: _____

Post college achievement/volunteer contributions: _____

Nomination Submitted by: _____

Address: _____

Home Phone: _____ Work Phone: _____

Attach other pages if needed: Fax to 415-453-4187

