WATERTOWN HALL OF FAME NOMINATION FORM

SPONSOR CONTACT INFORMATION

Sponsor Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

NOMINEE CONTACT INFORMATION

Nominee Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

NOMINEE INFORMATION (COMMA-SEPARATED)

Sport(s) Played _____

Year(s) Played _____ to _____Living _____ Deceased _____

Varsity Letter(s) _____

Award(s) _____

Record(s) Held _____

ADDITIONAL INFORMATION (IF EXTRA SPACE NEEDED, PLEASE ATTACH ADDITIONAL SHEETS)

Reason for Nomination _____

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Please print this page and mail it along with any hard copy versions of the supporting documents.
Watertown High School Athletic Hall of Fame,C/O Bob Kaprielian,320 Mt. Auburn Street,Watertown, MA 02472