



**NORTH CENTRAL ATHLETIC HALL OF FAME
NOMINATION FORM**

*Please Return to NCHS Office
Due Dec. 1, 2018
400 Baubice St.
Pioneer, OH 43554*

Name of nominee: _____
(Nominees must have graduated from NCHS a minimum of 10 years ago)

Address: _____

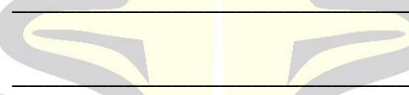
Phone: _____ **Age:** _____

If deceased, check here: _____

Nominee Category: _____ Athlete _____ Coach _____ Team _____ Eagle Pride

List ALL Varsity Sports Participation (Indicate letters earned)

FRESHMAN	VARSITY SPORT	Letter Earned
YEAR _____	_____	_____



SOPHOMORE	VARSITY SPORT	Letter Earned
YEAR _____	_____	_____

JUNIOR	VARSITY SPORT	Letter Earned
YEAR _____	_____	_____

SENIOR	VARSITY SPORT	Letter Earned
YEAR _____	_____	_____

