

# NOMINATION FORM

PLEASE CHECK APPROPRIATE



# FOR CLASS OF "2018"

NOMINATION CATEGORY(ies):

Athlete     Coach     Team     Outstanding Contributor

**DUE NOT LATER THAN APRIL 1, 2018**

**\*\*Please provide as much information as possible, but not all is required for nomination\*\***

Full Name of Nominee: \_\_\_\_\_  
First Middle Last Nickname

Current Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work/Cell Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_

List the high school and college(s) or university(ies) from which the nominee graduated; include locations, years graduated, degrees earned and major fields of study:

High School \_\_\_\_\_ City, State \_\_\_\_\_ Year Graduated \_\_\_\_\_

College/University \_\_\_\_\_ City, State \_\_\_\_\_ Year Graduated/Degree/Major Field of Study \_\_\_\_\_

Postgraduate School \_\_\_\_\_ City, State \_\_\_\_\_ Year Graduated/Degree/Major Field of Study \_\_\_\_\_

Postgraduate School \_\_\_\_\_ City, State \_\_\_\_\_ Year Graduated/Degree/Major Field of Study \_\_\_\_\_

Is nominee still active in the category(ies) for which he/she is being nominated? \_\_\_\_\_  
Yes No

If yes, explain?

If no, date of retirement: \_\_\_\_\_

Is nominee deceased? \_\_\_\_\_ Yes No If yes, date of death: \_\_\_\_\_

If deceased name of spouse or closest living relative: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box City State Zip Code

Home Telephone Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

**I. Chronology of Athletic Involvement**

Chronicle the nominee’s entire athletic career, beginning with involvement in high school. (examples: assistant coach, head coach, athletic administrator, school administrators, state administrator, etc.)

<b>Athletic Program</b>	<b>Title/Position of Involvement</b>	<b>School (City,State)</b>	<b>School Year Began</b>	<b>School Ended</b>	<b>Total Years</b>
Example:Football	Head Coach	Dixon High School, Dixon CA	1966-1967	1971-1972	6

**II. Achievements in Category(ies) Nominated**

Nominee will be considered primarily for his/her achievements in high school athletics. For nominee in Athlete, Coach and Team categories, list objective, statistical records in athletics (i.e. win-loss records; conference, district, region and state titles; times, distances; single game, season, career points, pins, touchdowns, etc.). For nominee in outstanding contributor’s category, list programs developed, work with coaches and officials, organizations, etc.

**III. Contributions to High School Athletics**

List Athlete, Coach, Team or Outstanding Contributor’s role as a leader, speaker, writer, innovator, performer (i.e., athlete) or elected/appointed officer or board member, which had an impact beyond the local level. Emphasize such contributions on the state level.

**IV. Impact on Dixon High School Athletic Programs**

Describe the Athlete, Coach, Team or Outstanding Contributor’s single contribution that in your opinion had the most significant impact on Dixon High School athletics.

**V. Professional Affiliations and Achievements**

List involvement in local, state and national coaching/administrative/educational associations and other related professional organizations.

**VI. Awards and Honors**

List awards and honors received by the nominee as a result of his/her achievements in high school athletics.

**VII. Related Activities**

Is the nominee still active in area of athletics other than the category in which nominated? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, supply details.

**VIII. Other Information Not Previously Included**

Provide any additional information about the nominee that substantiates his/her accomplishments and contributions, which was not included in your responses to the other sections of this form

**INDIVIDUAL SUBMITTING NOMINATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Street or PO Box	City	State	Zip Code
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Home Telephone Number: \_\_\_\_\_

Work/Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If DHS Grad, year graduated: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_