

**CAMBRIDGE CITY SCHOOLS ATHLETIC HALL OF FAME
NOMINATION FORM**

Nominees Name

Phone

Address

Date of Birth

City, State and Zip Code

Nomination Category: Athlete _____

Coach _____

Team _____

Contributor _____

If deceased:

Name of Spouse or Closed Relative

Phone

Address

Year(s) Graduated/Coached/Contributed to Cambridge High School _____

Achievement(s) Summary: Please attach additional pages if needed

Individual Submitting Nomination

Name

Phone

Address

Signature

Date

Return to:

**Athletic Office/Hall of Fame Selection Committee
Cambridge High School
1401 Deerpath Drive
Cambridge, Ohio 43725**