

**HAMMONDSPORT CENTRAL SCHOOL
Wall of Fame Committee**

c/o Kyle Bower, Superintendent
Hammondsport Central School
Main Street Ext.
Hammondsport, NY 14840
607-569-5200 ext 5240

NOMINATION FORM

**** Please Type or Print All Information****

Nominee's Name: _____

Nominee's Occupation, Field of Achievement or Title: _____

For What Achievement(s) is Nominee Best Known: _____

Nominee's Date of Birth: _____ **Nominee's Date of Death** (if applicable): _____

Nomination Submitted By: _____
(Print or Type Name)

Signature of Submitter: _____ **Date:** _____

Title/Occupation of Submitter: _____

Affiliation/Association to Nominee: _____
(i.e. Friend, Colleague, Student, Employee, Relative, etc.)

Address of Submitter: _____

Telephone Number: (DAY) _____ (NIGHT) _____

Email Address: _____

FAMILY / BIOGRAPHICAL INFORMATION

Parents: _____

Marital Status: _____

Name of Spouse: _____

Number of Children: _____

Names of Children: _____

Residence: _____

Address: _____

Phone Number: _____

Occupation: _____

