

# Pickens High School

## *Athletics Hall of Fame*

### Nomination Form

Name of Nominee: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

(If deceased, please enter the information for their spouse or closest living relative)

Nomination Category (check one): \_\_\_\_\_ Coach \_\_\_\_\_ Athlete \_\_\_\_\_ Contributor

Year(s) Graduated/Coached/Contributed to PHS: \_\_\_\_\_

Achievement(s) Summary: \_\_\_\_\_

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#### Individual Submitting Nomination

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Return To: PHS c/o Athletic Director

500 Dragon Drive

Jasper, GA 30143