CENTRAL ARIZONA COLLEGE
ATHLETIC HALL OF FAME
NOMINATION FORM

ALL NOMINATION FORMS MUST BE ACCOMPANIED BY A CURRENT RESUME AND SUPPORTING MATERIALS (i.e. newspaper clips, game programs, testimonials from former coaches, etc.)

Submitted by _________________________________________ Date submitted ____/____/____

Daytime phone _____________________

Check all that apply at CAC: Athlete _____  Coach _____  Administrator _____

Name of nominee________________________________________________________________________

Last   First  Middle  Maiden Name

Current Address_________________________________________________________________________

______________________________________________________________________________________

Home phone ___________________  Work/Cell phone __________________________

Birth date________________ Place of Birth_________________ Deceased? Yes/No

High School__________________________________________________________________________

Hometown (when in high school)_________________________________________________________

College(s)_______________________________ Graduation year ___________Major_______________

________________________________ Graduation year___________ Major ______________

Advanced Degrees:
College _____________________________ Year _______ Degree________________________

College athletic record – MAIN CRITERIA (honors, college records, team records, championships, etc.)

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Other achievements – SECONDARY CRITERIA (pro athlete, volunteer work, occupation, etc.)

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**Use additional paper for more information**

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