

Watkins Glen Athletic Hall of Fame – Athlete Application

NAME OF NOMINEE _____ DATE SUBMITTED _____

A four (4) - year waiting period is required for athlete nominations from the time they graduate from WGCSD.

Sports Participation at Watkins Glen Schools:

Student at Watkins Glen Schools from _____ to _____ Graduation Date _____

Sport	Position	Participation Years
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Honors and recognition in Athletics (All League, Section, State, etc.)

Please list the professional achievements and/or community involvement of the nominee

Please add any additional comments you feel would distinguish this nominee from others in the space below.

Nominator Information

Name _____

Address _____

Phone (Home) _____

Phone (Cell) _____

Email _____

Relationship to Nominee _____

Nominee Information (current)

Name _____

Address _____

Phone (Home) _____

Phone (Cell) _____

Email _____

For consideration in the current year, this nomination must be returned by the end of November.

Athletic Director
Watkins Glen Central School District
301 12th Street
Watkins Glen, New York 14891

*Please type or print all information on this application. Use the back of this form for additional information and attach all supporting documentation.