NOTRE DAME HIGH SCHOOL ATHLETIC HALL OF FAME

TEAM NOMINATION FORM

TODAY'S DATE:_____

Name and Address of Candidate: _____

_____

_____

YEAR(S) OF COMPETITION: _____

ACCOMPLISHMENTS (Team record, championships or titles won):

Names of Coaches and Players:

Nominators Name, Address, Email and Phone Number: _____

_____

_____

_____

_____

Please return to: Notre Dame Athletic Department or Notre Dame Athletic Booster Club, 3417 Church RD, Easton, PA 18045 OR jmcguire@ndcrusaders.org