

NOMINATION FORM

Deadline for Nominations: February 1 of each year

| Annual inductions: First Friday of May at the annual 'Party in the Hall' event (| held at CHS/FMP) |
|---|--------------------------------|
| Nominee's Name: | |
| Address: | |
| Telephone: Email: | |
| Only Nominations with a current address can be considered for inclusion with the exception nominations. Posthumous nominations should include closest family member to the department and required to submit a one page resume outlining athletic achievements in high educational background and current status. | arted. Nominee will be |
| Category of Nomination (Check One): | |
| ☐ Former Athlete (must have graduated at least five years prior to nomination) ☐ Coach/Administrator (must have been retired from District for at least 2 years) ☐ Honorary (must have made a significant impact on CH or FMP athletic program and/o gional, state, professional or international levels) | or a significant in re- |
| Years at City Honors/Fosdick Masten Park (where applicable): | |
| Nominee's sport/s or area and type of participation | |
| Nominator: On an adjoining page please list any special awards, your reflections, recolled you, the nominating party, to support this candidacy. Please list your contact information | |
| Nominator Name: | |
| Nominator Address: | |
| Phone: Email: | |
| Any additional information, press clippings or notations will be considered in support of ca | andidacy. |
| Please return nomination form by February 1 to: CH/FMP Athletic Hall of Fame, c/o W. Kresse, City Honors School, 186 E. North Street, I | Buffalo, NY 14204 |

Questions or electronic submissions may be directed to athleticsHOF@cityhonors.org