

**INDIAN HILL SCHOOL DISTRICT  
ATHLETIC HALL OF FAME  
NOMINATION**

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

*One nominee per nomination form. Please provide a complete accounting of all criteria to justify admission to the IHOF.*

**Nominee info:**

Name of Nominee: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
street city state zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Deceased (year): \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Year of Nominee's high school graduation: \_\_\_\_\_ IH Alum? Yes / No

Last year of coaching (If Applicable): \_\_\_\_\_

College/University attended: \_\_\_\_\_

Year of college graduation: \_\_\_\_\_

Postgraduate education: \_\_\_\_\_  
University degree date

High school playing/coaching history (sports and years):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards/Honors/Highlights: **BRAVES**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional pages if necessary. Please include as much detail as possible. Statistics and award information will be checked for accuracy.

**Reason for nomination:**

Please state why you believe this person is a qualified candidate for the IHHOF. Use additional sheets as needed. Any documentation, supporting letters, etc. you can provide will be helpful.

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**Present status:**

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**Other highlights and experiences:**

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**Community involvement:**

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**Nominating Person or Group Contact info**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Your relationship to the nominee: \_\_\_\_\_

**RETURN THIS FORM TO THE INDIAN HILL ATHLETIC OFFICE**  
**6865 Drake Road Cincinnati, OH 45243**  
or online at: [IHHOFM@gmail.com](mailto:IHHOFM@gmail.com)