

Lutheran High School Sports Hall of Fame Nomination Form



Please include as much detail as possible. Information on this form will be used to determine induction. Any additional information not requested on this form may also be attached and submitted. For additional information call the Athletic Director or speak with the Principal at 815-877-9551.

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: DAY: _____ EVENING: _____

E-MAIL ADDRESS: _____

CATEGORY: (PLEASE CHECK ALL THAT APPLY)

HIGH SCHOOL ATHLETE _____ TEAM _____ COACH _____ FRIEND OF SPORTS _____

COLLEGE ATHLETE _____ PRO ATHLETE _____ ADMINISTRATOR _____

1: ATHLETE

YEAR GRADUATED FROM LUTHERAN HIGH SCHOOL: _____

YEARS APPLICANT EARNED LETTERS: _____

NAMED TO ALL: _____

ALL-CONFERENCE (year) _____; ALL-STATE (year) _____;

ILLINOIS EAST / WEST ALL STAR TEAM; (year) _____;

ALL-AMERICAN (year) _____.

WHICH SPORT(S) WAS LETTER EARNED: _____.

COLLEGE ATTENDED: _____

YEAR ATTEND COLLEGE: _____ TO _____

OTHER INFORMATION THAT WOULD QUALIFY THIS ATHLETE FOR THE LUTHERAN HIGH SCHOOL SPORTS HALL OF FAME:

2: COACH

LUTHERAN HIGH SCHOOL SPORT(S) COACHED _____ Years : _____

REASONS FOR NOMINATION THAT WOULD QUALIFY THIS COACH FOR THE LUTHERAN HIGH SCHOOL SPORTS HALL OF FAME:

3: TEAM

YEAR(S): _____ SPORT: _____

RECORD: _____

REASONS FOR NOMINATION THAT WOULD QUALIFY THIS TEAM FOR THE LUTHERAN HIGH SCHOOL SPORTS HALL OF FAME:

4: FRIEND OF SPORTS, COLLEGE ATHLETE, PRO ATHLETE OR ADMINISTRATOR

REASONS FOR NOMINATION THAT WOULD QUALIFY THIS FRIEND, COLLEGE ATHLETE OR PRO ATHLETE FOR THE LUTHERAN HIGH SCHOOL SPORTS HALL OF FAME:

Please attach any news articles or information that would be helpful to the committee in the selection process.

Use reverse side for additional information if needed. This nomination will be held open for ten years or until this nominee is inducted into the hall of fame.

NAME OF PERSON MAKING NOMINATION: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____

E-MAIL ADDRESS _____ DATE OF NOMINATION: __/____/____

SEND TO:

RLHS Sports Hall of Fame

Rockford Lutheran School
C/O Athletic Office
3411 North Alpine Rd
Rockford, IL 61114

*You may E-mail the selection committee to verify that your application has been received in a timely fashion
E-mail: info@rockfordlutheran.org*