



EAU CLAIRE OLD ABE HALL OF FAME NOMINATION FORM



Nominee Name: _____

Address: _____

Telephone: _____

Home: _____

Cell: _____

Email: _____

Nominated By: _____

Address: _____

Telephone: _____

Home: _____

Cell: _____

Email: _____

Years Attended Memorial: _____

Year Graduated: _____

Spouse/Parent Name: _____

Please be as complete as possible, providing details as needed, so your nominee can be fully considered. Attach a second sheet if additional space is needed.

1) High School Athletic Accomplishments:

2) College Athletic Accomplishments:

3) Additional Athletic Accomplishments:

4) Other Accomplishments of Interest to Committee:

Please submit Nomination Form plus any other supporting documents to:

Kevin Thompson, Athletic Director
Memorial High School
2225 Keith Street
Eau Claire WI 54701
kthompson1@ecasd.us