



***Greene County High School Athletic Hall of Fame Nomination  
Form***

**2023-24 Nominations Due by November 1, 2023**

***Hall of Fame Applicants Name:*** \_\_\_\_\_

If applicant not living please give family contact information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CATEGORY:** (Please check all that apply)

High School Athlete \_\_\_\_\_ Coach \_\_\_\_\_ Team \_\_\_\_\_

1: Athlete: \_\_\_\_\_

Year Graduated from High School: \_\_\_\_\_

College Attended: \_\_\_\_\_

Years Attended College: \_\_\_\_\_ to \_\_\_\_\_

Supporting information that would qualify this person for the GCCSD Athletic Hall of Fame:

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2: Coach: \_\_\_\_\_

High School Sport(s) Coached:

Sport: \_\_\_\_\_ Years: \_\_\_\_\_

Sport: \_\_\_\_\_ Years: \_\_\_\_\_

Sport: \_\_\_\_\_ Years: \_\_\_\_\_

Sport: \_\_\_\_\_ Years: \_\_\_\_\_

Supporting information that would qualify this person for the GCCSD Athletic Hall of Fame:

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3: Team: \_\_\_\_\_

Supporting information that would qualify this team for the GCCSD Athletic Hall of Fame:

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

**Name of Person Making Nomination:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Date of Nomination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SEND TO:

GCCSD ATHLETIC HALL OF FAME COMMITTEE

David Wright

Selection Committee Chairman

Activities Office

1901 North Grinnell

Jefferson, IA 50129