

NEWPORT HIGH SCHOOL ATHLETIC HALL OF FAME

DISTINGUISHED SERVICE AWARD

***MUST BE RETIRED FROM DOING SERVICE.**

NOMINATOR INFORMATION:

NAME _____

CELL/PHONE (S) _____

EMAIL _____

NAME: _____

LIVING ___ DECEASED ___ (YEAR OF DEATH) _____

CELL/PHONE (S) _____

EMAIL ADDRESS _____

HOME ADDRESS _____

CONTRIBUTED TO: ___ BOYS ___ GIRLS (PROGRAMS)

CONTRIBUTION YEARS AT NHS _____

NUMBER OF YEARS SERVING NHS _____

FORMER NHS ATHLETE OR COACH AT NHS _____

INNOVATOR/CONTRIBUTOR-HOW/WHAT?

PLEASE SUBMIT A SUMMARY ABOUT WHY THIS PERSON SHOULD BE A
HALL OF FAME CANDIDATE.

*NOMINATION FORM MUST BE EMAILED OR MAILED (POSTMARKED)
AND SENT TO KATHI BALDWIN BY THURSDAY, NOVEMBER 1, 2018.