

**Lower Cape May Regional High School
Athletic Hall Of Fame**
687 Rt. 9 Cape May, NJ 08204...609-884-3475 ext 296

Nomination Form

Please complete this form with as much information as possible. This will be reviewed by the Athletic Hall of Fame Committee. For Coaches or Contributors nominations, please complete section on second page.

Nominations for the Fall 2009 induction must be received by May 1, 2009

Nominee's Personal Information

Name: _____

LCMRHS Graduate Class of _____

Date of Birth _____ **(If deceased, Date)** _____

Home Address: _____

Home Phone _____ **Cell Phone** _____

E-mail Address _____

Profession _____ **Firm Name** _____

Business Address _____

Spouses Name _____

Children _____

Nominee's Athletic Information

Sports and positions played at LCMRHS _____

Varsity Letters Earned _____

Honors earned while at LCMRHS (CAL, All County, All State...) _____

Post Graduation Honors and Awards

Nominee as Coach or Contributor: If you have been inducted in this category, you have made obvious contributions to LCMRHS athletics...but we may have missed something. Please put down any information you feel may be of interest.

Coach or Contributor - Education (High School, College, etc) _____

Coach Contributor - Awards and Honors Received (athletic, non athletic) _____

Please include any information on the back of this form that will help the Hall of Fame Committee with its decision. Forward nomination forms to:

**LCMRHS Athletic Dept.
Mark Schiffbauer, AD
687 Rt. 9
Cape May, NJ 08204**

Deadline for nominations May 1, 2009

Nominator's Name _____
(Must be completed)

Address _____

E-mail Address _____

Home Phone _____ **Cell phone** _____

Date Submitted _____