WEST MIFFLIN HALL OF FAME

COACH

Today’s date \_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sports coached

Years Coached (From when to when in each sport) and records

Championships

Biographical information (other achievements and recognitions)

Nominators name address and phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return all completed forms to the West Mifflin Athletic Office