WEST MIFFLIN HALL OF FAME

PLAYER

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

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

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

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

Year of Graduation \_\_\_\_\_\_\_\_\_\_\_\_

Varsity sports participation (Include years and Varsity letters earned)

Honors and awards (Please be specific and complete)

Biographical information (other achievements and recognitions)

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

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

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

Please return all completed forms to the West Mifflin Athletic Office