WEST MIFFLIN HALL OF FAME

TEAM

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

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

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

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

Name of Head coach and year team is being nominated for

Records/Section titles/WPIAL titles/State Championships

Biographical information (other achievements and recognitions)

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

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

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

Please return all completed forms to the West Mifflin Athletic Office